



Dale Young, Mayor  
City of Lincoln

## PEOPLE 2010

To the Citizens of  
Lincoln & Lancaster County



Mary Helen Elliott  
President

### Why Not Us?

Recently the newly formed Community Health Endowment set a goal to make Lincoln the healthiest community in the country. To some, this goal appears unachievable, a pie-in-the-sky notion conceived by a group of dreamers. They inquire, "How could *Lincoln* ever become the healthiest community in the country?" To us, this goal is not only attainable, it is consistent with the very mission of the Lincoln-Lancaster County Health Department.

The idea of achieving seemingly unattainable goals is not new to our Department. In 1990, our staff and community set health goals for the year 2000. At that time, these goals appeared lofty, even impossible. Yet we have made great strides in some very difficult areas such as prenatal care, minority health and pollution prevention.

Our successes do not mean that there is not more work to do. For example, our community is experiencing a consistent increase in tobacco use among our youth, and especially female teens. Data indicates that it is time to address this growing public health threat head-on, and we assure you that our Department will be among those at the forefront of doing so.

On January 27, 1999, the Lincoln-Lancaster County Community Health Report Card will be unveiled. It is not difficult to see how we have excelled and what work lies ahead. We encourage you to keep this Report Card close at hand, not only as a reminder of what has been accomplished, but as the impetus to work even harder.

We look forward to working closely with the community to attain the personal and environmental health goals set out in the Report Card. **We are committed to the work of setting Lincoln and Lancaster County apart as the healthiest community in the country.**

After all, one community will be the healthiest in the country. *Why not us?*

Dale Young, Mayor  
City of Lincoln

Mary Helen Elliott, President  
Lincoln-Lancaster County  
Board of Health



Mary Helen Elliott  
President



Chris Caudill, M.D.  
Vice-President



Deborah Brehm



Rodigo Cantarero, PhD



Jim Ganser, DDS



Larry Hudkins



James Hulse, PhD



Cindy Johnson

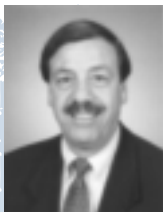


Ann Seacrest

## BOARD of HEALTH

The nine-member Board of Health is composed of a physician, dentist, county commissioner, city council member and five public spirited individuals. Appointees are approved by the Mayor, City Council and County Board of Commissioners.

Board of Health responsibilities include program direction and policy-making. The Board critically evaluates staff proposals, determines policy implications, makes budget recommendations and supports an exceptionally dedicated corps of public health professionals. Citizens who have questions or concerns are encouraged to call 441-8000 or write to the Health Director or Board of Health, Lincoln-Lancaster County Health Department, 3140 "N" Street, Lincoln, NE 68510.



## A LOOK BACK, A STEP AHEAD

Dear Citizens of Lincoln  
and Lancaster County:

The past year has been a busy one for our community's public health. As you can see from the information on the following pages of this report, FY97-98 continued to be a banner period -- full of activity and accomplishment.

The high-quality services and programs provided to you result from the hard work and dedication of the Department staff. Throughout this fiscal period, we were assisted with the capable leadership of Richard Morin, MD, Gregg Wright, MD and Carole Douglas, RN, MPH and we applaud their service as interim directors.


County-wide health goals established in conjunction with our Healthy People 2000 plan were reviewed and the progress made has been compiled in a community report card. The Lincoln-Lancaster County Community Health Report Card will be released to the public at the Board of Health Annual Meeting on January 27, 1999. This evaluation will assist us as the Healthy People 2010 Steering Committee develops our community's health objectives for the year 2010.

Another noteworthy event was the establishment of a Community Health Endowment Fund made possible by the sale of Lincoln General Hospital. A community advisory panel is in place providing oversight to this unique resource.

Maintaining the health of the public is our primary mission and, as always, we encourage your input and participation. With your support, we look forward to keeping our community's health and quality of life at the highest levels.

### **Mission Statement:**

*The Health Department provides leadership in promoting environmental and personal health through health promotion, disease detection, disease prevention, education and regulation. In cooperation with community resources, the department as the official agency is responsible for assisting the community and the citizens to assume responsibility for their individual health and the health of the community.*

  
Leon Vinci, MPH, Health Director

1997-98  
Annual Report  
**PAGE 3**

## LINCOLN-LANCASTER COUNTY



**HEALTH DEPARTMENT STAFF**



HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

**Mission Statement:**

*The Epidemiology  
Program promotes  
the use of scientific  
knowledge about  
health and disease  
in populations to  
effectively carry out  
public health  
assessment, policy  
development and  
assurance.*

# Epidemiology

§ **EPIDEMIOLOGY**

§ **PUBLIC HEALTH NURSING**

§ **ANIMAL CONTROL**

§ **HEALTH PROMOTION & OUTREACH**

§ **DENTAL HEALTH**

§ **ENVIRONMENTAL HEALTH**

1997-98  
Annual  
Report



# Epidemiology

## Public Health Assessment & Epidemiologic Analysis: The Cornerstones of Public Health

Epidemiology is the science of public health. Public health assessment and epidemiological analysis are the cornerstones of public health action and decision making (see figure).



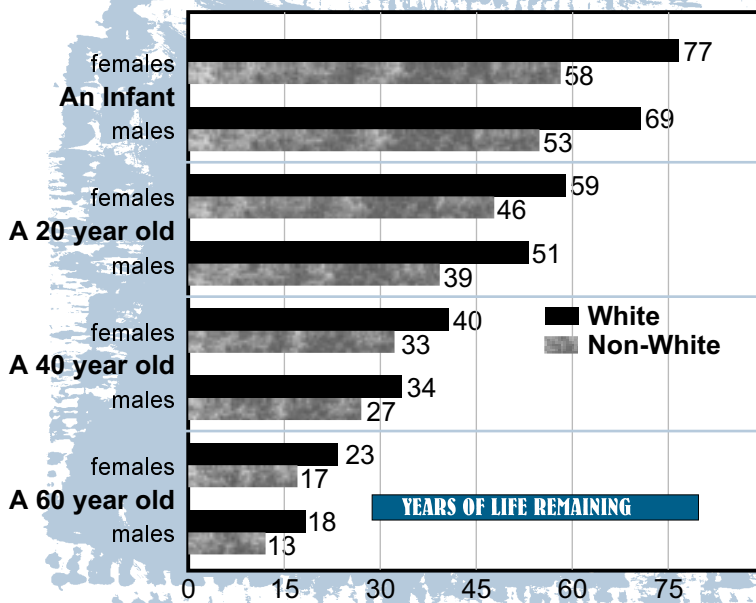
LLCHD and the Lincoln-Lancaster County Board of Health have long placed a priority on the epidemiological function as a necessary foundation for public health assessment, policy development and assurance. The Epidemiology Program leads and supports LLCHD in developing assessment tools and applying epidemiological analysis to public health promotion, protection, and health prevention efforts.

Program planning, management, and evaluation activities are dependent upon public health surveillance and data systems. These systems require epidemiological capacity for data collection, analysis, interpretation and dissemination. Epidemiology services are also essential for response to communicable disease outbreaks, environmental emergencies and reported clusters of disease. Finally, epidemiological capacity is crucial to the public health role in community health planning and policy development.

## Assessment

The Epidemiology Program implements core community health assessment activities. These include analysis and monitoring of community health indicators, investigation of community health needs and determinants of community health, development of community assessment tools, research on national and state trends, application of appropriate research and statistical methodologies, and interpretation and dissemination of community health assessment information through published reports and other means.

### Life Expectancy & Race - Lancaster County, NE

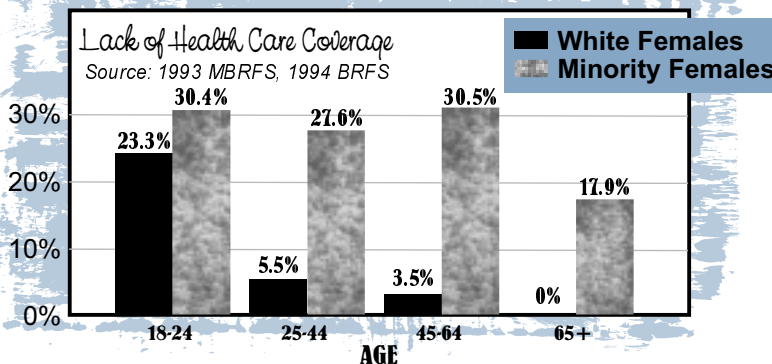


Source: Life table calculations using Lancaster County mortality data, 1987-1996.

- Life expectancy is one of the basic measures of overall health in a population.
- At birth (An infant on this graph), there are large differences in life expectancy between white and non-white males and females. These differences diminish somewhat with age.
- At all ages, white females have the longest life expectancy and non-white males have the shortest life expectancy.

## Community Health Reports

- ☞ An Update on Women's Health In Lancaster County
- ☞ Healthy People 2000 Report Card
- ☞ Hospital Discharge Data: A New Public Health Data Resource
- ☞ 1997 Youth Risk Behavior Survey Results
- ☞ Public Health Briefs:
  - Mercury Poisoning
  - AIDS and HIV in Lancaster County
- ☞ 1997 Vital Statistics Report

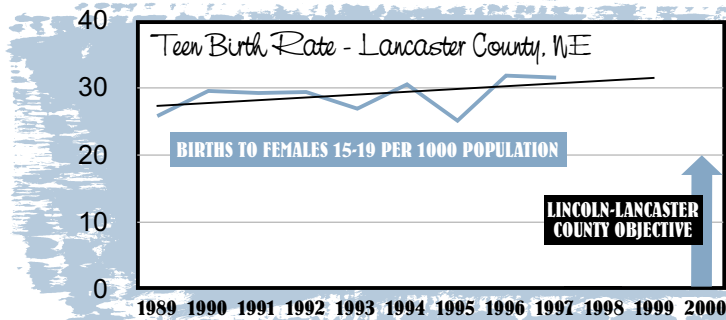


- ☞ 1998 Homeless Shelter Count: Results and Recommendations for Future Counts
- Infant Care Needs in Lancaster County

## Other Community Health Research Projects & Presentations

- ☞ Life Expectancy: Race and Sex Differences
- ☞ Sexually Transmitted Diseases Analysis/Report
- ☞ Women's Health: Community Comment Survey
- ☞ Community Forum on Women's Health: Results and Evaluation
- ☞ Community Health Status and Surveillance in Lancaster County
- ☞ Community Assessment Data for Mobile Health Clinic Planning
- ☞ Shigella and Pertussis: Outbreak Surveillance Techniques
- ☞ Environmental Health Assessment Projects Employing GIS
- ☞ Maternal and Infant Health Progress Review
- ☞ Nutrition and Exercise among Adolescents
- ☞ Healthy People 2000 Objectives Update
- ☞ Suicide Among Adolescents
- ☞ Intentional and Unintentional Injury Among Youth
- ☞ Leading Causes of Injury and Death Among Young Children





- ☞ Other Injury Incidence Analyses
- ☞ Causes of Death Acute Care and Emergency Care
- ☞ Sexual Activity, Births and STDs Among Teen Females
- ☞ Non-Physician Attended Births
- ☞ Pneumonia Death Trends
- ☞ Illicit Drug Use among Pregnant Mothers
- ☞ Frequency of Divorce and Children Affected
- ☞ Demographic Estimates for Public Health Assessment
- ☞ Community Health Information Website Concept Development
- ☞ Behavioral Risk Factor Survey Data Analysis

## Public Health Data Resource

The Epidemiology Program is instrumental in providing relevant public health data and epidemiologic information to individuals and organizations throughout the community. This information is used for community needs assessment, policy development, health promotion and public education, evaluation and improvement of services and research purposes.

Every year, epidemiological information and assistance is provided to hundreds of interested citizens, community agencies, health professionals, students, businesses, schools, human service providers, researchers, and elected officials, including the Board of Health, City Council, Mayor's Office, County Board of Commissioners and the Nebraska Legislature.

The Epidemiology Program is the locus of public health data capacity. Staff collect and manage a wide array of public health datasets in electronic form so that their analysis can be applied to the surveillance and study of public health problems. This data includes population health datasets, health care-based data, public health program data, outbreak and health event surveillance data, environmental risk data, demographics and other community information.

Management of this public health data resource involves equal attention to new data acquisition, maintenance of existing data archives and planning for future data collection and analysis.

### **Major Public Health Surveillance Databases**

- 📁 Vital Statistics: since 1987, annual
- 📁 Adult Behavioral Risk Factor Survey: since 1989, biannual
- 📁 Youth Risk Behavior Survey: since 1991, biannual
- 📁 Injury Surveillance (E-coded emergency care data): since 1992, annual
- 📁 Minority Behavioral Risk Factor Survey: 1994
- 📁 Cancer Incidence: since 1987, annual
- 📁 Sexually Transmitted Diseases: since 1985, annual
- 📁 Acute Care (inpatient hospital discharges): since 1995, annual
- 📁 Annual Demographic Estimates for Health Assessment
- 📁 Environmental Health Hazard Databases
- 📁 Other Geographic Information Systems-based Datasets

### *Policy Development & Community Planning*

The Epidemiology Program supports policy development by providing an epidemiological perspective to decision making processes, promoting effective utilization of public health data and facilitating public health strategic planning and community health initiatives.

*I attended Nebraska's Youth at Risk Symposium and I've seen firsthand a renewed awareness of the health needs of our youth. I congratulate the Health Department for its ongoing assessment of the health needs of our community and for helping us be aware of what we must do to keep our communities great places to work and live.*

*Don Clifton, Chairman  
The Gallup Organization*

The Epidemiology Program works in partnership with all department programs, the Board of Health and community agencies to support effective policy development and community health planning. Epidemiology staff strive to assure that epidemiological issues and data on community health and program effectiveness are utilized in departmental planning and policy development. Staff also play a role in community health planning and coalition building by facilitating or participating in collaborative community initiatives to address health and human services planning, assessment and system development.

*Selected Policy Development and Community Planning Activities (Epidemiology Program)*

*Community Forum on Women's Health in Lancaster County*

*Nebraska's Youth at Risk Symposium*

*Healthy People 2000/2010 community health planning process*

*Community Health Endowment Board: facilitation and testimony*

*Departmental planning and budget processes*

*Orientation of community leaders to community health status/assessment*

*Public health legislation: research, monitoring and testimony*

*Response to policy maker requests for public health assessment information*

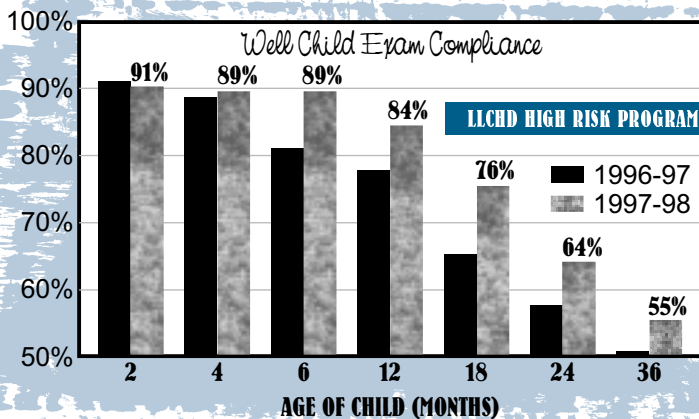
*Homeless Shelter Count Report, methods review and recommendations*

## Program Assessment

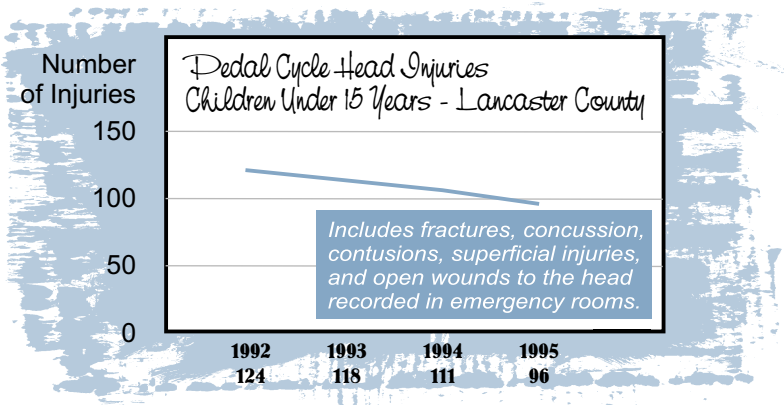
The Epidemiology Program provides analytical support to programs throughout the department, helping them to conduct needs assessments, develop program surveillance strategies, design program databases and evaluation instruments, analyze program data and evaluate and report program results. Epidemiology staff promote the use of program data in policy development and public reporting and help programs use epidemiologic approaches and public health assessment data to support program activities.

## Program Assessment Projects

- ☑ Healthy Homes Program Data Analysis and Reporting
- ☑ Parenting Paths: High Risk Program Parenting Assessment
- ☑ "Take the Challenge" Physical Activity Promotion Project Evaluation
- ☑ High Risk Program Annual Reporting
- ☑ High Risk Program Client Satisfaction Evaluation
- ☑ Infant Care New Parent Survey
- ☑ Infant Care Provider Survey
- ☑ Animal Control Dispatch Planning
- ☑ Legionella Screening Questionnaire
- ☑ WIC Program Client and Needs Data



- ☞ Fall Flu Shot Client Evaluation
- ☞ Mobile Health Clinic Planning Data
- ☞ Mobile Health Clinic Needs Assessment Survey
- ☞ Community Access to Coordinated Health Care Client Data
- ☞ Childhood Lead Poisoning Surveillance
- ☞ Family Care Solutions Program Reporting
- ☞ Indoor Air Quality Teacher Assessment Tool
- ☞ Helmet Use Evaluation Data
- ☞ Nuisance Complaints Work Planning
- ☞ Household Hazardous Waste Collections Analysis
- ☞ Food Protection Program Support



## Geographic Information Systems

Geographic Information Systems (GIS) has rapidly become an important assessment tool in the public health field. GIS is computer and allied technology that allows one to analyze public health data on a geographic dimension. GIS helps to clarify and emphasize spatial patterns in community health, quickly retrieve data relevant to a geographical area, display many layers and types of community information in the same space, and model the behavior of disease and environmental events.

LLCHD has been nationally recognized for being on the vanguard of GIS applications in public health at the local level. LLCHD efforts to develop GIS technology and staff have enhanced agency capacity for assessment, resource allocation, program planning and evaluation, health communication and education and policy development. GIS was applied to a wide variety of assessment and planning projects during the past year:

## GIS Community & Program Assessment Projects

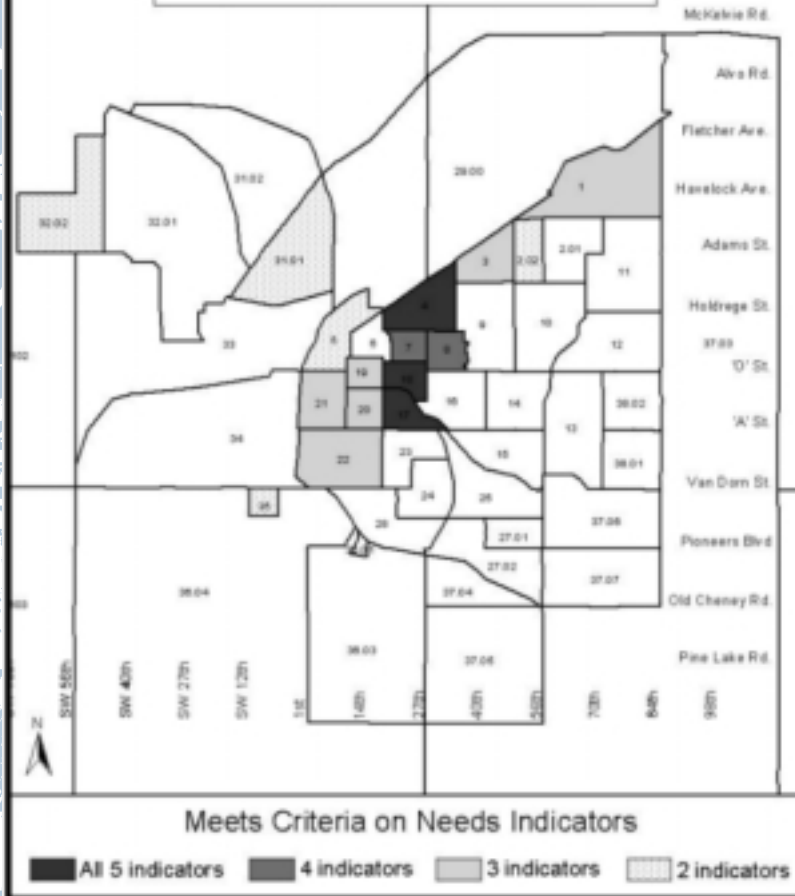
- ☞ Key Geographic Public Health Indicators
- ☞ Mobile Health Clinic Planning
- ☞ Shigella and Pertussis Outbreak data
- ☞ Natality Data Analyses
- ☞ WIC Program: Client and Community Needs Data
- ☞ Animal Control Dispatch Planning
- ☞ Childhood Lead Poisoning Screening
- ☞ Vulnerable Community Sites Databases
- ☞ Environmental Health Hazard Risk Survey
- ☞ Tier II (Hazardous Chemical Storage Sites)
- ☞ Leaking Underground Storage Tanks
- ☞ NPDES (Waterway Discharge Permits)
- ☞ Toxic Release Inventory (Air Pollutant Releases)
- ☞ Soils data for Risk Analysis and Health Threat Response
- ☞ Air Pollution Sources, HAP concentrations, and Air Monitor Locations
- ☞ Groundwater Data: Wells/Protection Areas, Well Testing, and Lake Advisories
- ☞ Special Waste Database
- ☞ Nuisance Complaints
- ☞ Household Hazardous Waste Collections
- ☞ Food Protection Program Data
- ☞ Environmental Analyses/Land Use Planning
- ☞ Demographic Mapping
- ☞ Marketing/Newspaper Circulation Mapping
- ☞ Street mapping (various program needs)

## GIS Development

- ☞ National, State and Local Presentations Given on GIS in Public Health (NGISPH, NPHA, \*NPHA, NEHA, CSTE regional, and others)
- ☞ Educational Presentations (utilizing live/interactive GIS)
- ☞ Community Health Data/GIS Website Feasibility Study
- ☞ GIS Database Management, Development and Planning
- ☞ GIS Technology Needs/Maintenance Assessment
- ☞ Interagency Collaboration & Data Sharing



## Mobile Health Clinic Planning/Target Areas



## Epidemiologic Response

The Epidemiology Program helps to assure community health during infectious disease outbreaks and environmental or community health threats by coordinating epidemiologic response to these threats.

This year, several public health outbreaks and incidents of concern called for epidemiologic action. These included outbreaks of Giardia, Shigella, Pertussis, Legionella, foodborne illnesses and surveillance measures for a number of other communicable diseases; cases of hemolytic illness at a local dialysis center; and a number of environmental response incidents requiring epidemiologic follow-up. Disease and toxic substance research, case follow up, data collection, analysis and reporting were employed as needed.

### Epidemiology Services...

are necessary to enable public health agencies to conduct several essential public health services:

- ☛ Monitor health status to identify community health problems.
- ☛ Diagnose and investigate health problems and health hazards in the community.
- ☛ Inform, educate, and empower people about health issues.
- ☛ Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- ☛ Research for new insights and innovative solutions to health problems

*National Healthy People 2010 Draft Objectives,  
Sept. 15, 1998*

### *Epidemiologic Capacity*

A skilled workforce and quality data/information systems are necessary to provide effective epidemiologic support for public health activities. Epidemiology services are provided by staff trained in epidemiology, demography, sociology, survey design, public program and policy analysis, quantitative and qualitative social data methods, communication and geographic information systems. The Epidemiology Program is staffed by the Public Health Epidemiologist, a second epidemiology specialist and a geographic information systems specialist.

### *Grants/Awards*

The Epidemiology Program continues to receive Public Health Prevention block grant funds and prepared several other grant proposals during the past year to attempt to build epidemiological and geographic information systems capacity.

*Nebraska Department of Health \$16,315*



HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

# Public Health Nursing

**Mission Statement:**

*To promote physical, mental and social wellness of the community, population groups, families and individuals by providing leadership to assure a planned approach to coordinated community interventions which enhance health.*

§ **EPIDEMIOLOGY**

§ **PUBLIC HEALTH NURSING**

§ **ANIMAL CONTROL**

§ **HEALTH PROMOTION & OUTREACH**

§ **DENTAL HEALTH**

§ **ENVIRONMENTAL HEALTH**

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

1997-98  
Annual  
Report

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

# Public Health Nursing

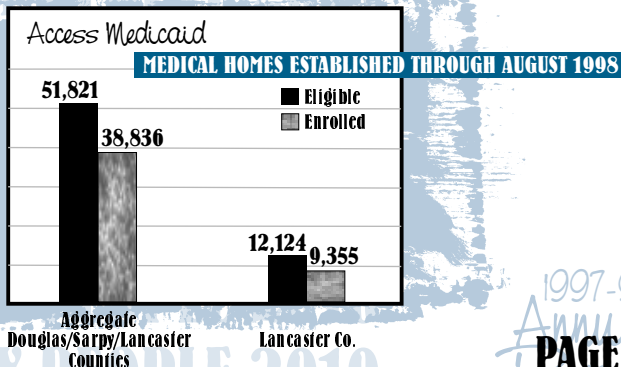
## Access To Health Care

- Assisting, informing and educating ourselves and neighbors on how to access health care appropriately remains a goal. The point of access or a face to face interaction continues to involve many facets of Public Health Nursing.

*Residents of Lancaster County will have increased access to health care.*

## Access Medicaid - Enrollment & Education Services

- Access Medicaid is a family/client and physician-centered service delivery system utilizing technology and public health principles to foster improved health outcomes through access, coordination of care, and outreach activities.



1997-98

PAGE 17

- During the first full year of operation, Access Medicaid has shown substantial success in achieving its goals of improved access, coordination of care and outreach to the clients receiving care through Nebraska Health Connection, the Medicaid Managed Care Program. Consistent with the Year 2000 objective of increasing access to health care for the Medicaid population, Access Medicaid has assisted approximately 9,355 Medicaid clients to establish a permanent medical home and health plan to better meet the health and social needs of the family.



*"The creative new approaches to enrollment and outreach that have resulted from our partnership with the Lincoln-Lancaster County Health Department have received national attention."*

*Deb Thomas  
Policy Secretary,  
NHS*

- By successfully incorporating an extensive outreach plan with Client Resource Specialists, the program has achieved a client response rate of 70% or greater as compared to a previous client response rate of 30 to 40%. The success means clients/families are actively engaging in the education and enrollment process. This process is facilitated by a Public Health Nurse and incorporates health assessment, risk identification, education and care coordination in conjunction with selection of a doctor and health plan. Due to the outreach and individualized selection process, the number of clients requesting a change in medical home has decreased.
- To facilitate the client/family and physician partnership, a Provider Specialist from the Lancaster County Medical Society meets with physicians and their office staff to identify barriers to care and potential solutions. This component of the program has resulted in increased options for clients in selecting a medical home and greater support for the physicians in service delivery.



## Primary Care Clinics

To assure access to health care is provided for the uninsured and under-insured, the volunteer physician network was formed in collaboration with the Lancaster County Medical Society.

In conjunction with Lincoln Medical Education Foundation, volunteer physicians provided health services to 2,663 low-income individuals for minor acute health concerns through the Primary Care Clinics. This represents a 22 percent increase over last year.



"The partnership of the Lincoln-Lancaster County Health Department, Lincoln Medical Education Foundation physicians and retired physicians assures that low income citizens receive health care through the Primary Care Clinic.

Bruce Gfeller, M.D.

## Information & Referral Triage

Over 25,000 phone calls to Public Health Nurses were received this year. The nurses provided information on health and disease related topics and assisted individuals in accessing health care and resources in the Lincoln-Lancaster County community. The system received 6,147 calls related to medical care access, processed 6,949 transportation requests and established 893 medical homes for individuals and families on Medicaid. In addition, through a one stop process, 740 pregnant women with low incomes received Presumptive Eligibility services for Medicaid, and accessed ongoing prenatal care and services to promote positive pregnancy outcomes.

## Early Intervention Services Coordination

**OBJECTIVE:** Children who have disabilities or concerns about development will be referred to services earlier.

### Children Referred to the Early Intervention Program

| AGE               | 1995-96 | 1997-98 | INCREASE |
|-------------------|---------|---------|----------|
| *Less than 1 year | 49      | 69      | 40%      |
| *1-2 years        | 54      | 79      | 46%      |
| 2-3 years         | 104     | 106     | stable   |

*\*Note: These are two age groups targeted for early referral.*

**OBJECTIVE:** Parents served in the Early Intervention Services Coordination Program will gain knowledge needed to best care for their children and families and to be more aware of services available within the community.

**INDICATOR:** Program evaluation conducted by Gadberry & Associates (1998) found 93% of parents served agreed with the statement, "I feel I now have more of the knowledge I need to best care for my child and family."

**INDICATOR:** The same evaluation found 96% of parents served agreed with the statement, "I am now more aware of services available within the community."

**OBJECTIVE:** Parents served in the Early Intervention Services Coordination Program will learn how to ask for services their children need.

**INDICATOR:** The evaluation found 93% of parents served agreed with the statement, "Since being part of this program, I have learned how to ask for services that my child needs."



"They saved me.  
Christopher is doing very  
well. It makes me very  
happy."

Imelda Rosales,  
Christopher Monje,  
& Jennifer Monje

## Child Care

**OBJECTIVE:** To increase the availability of quality, affordable, licensed child care for children with special needs.

**INDICATOR:**

- ☛ 14 child care centers and 14 home providers are participating in grant activities to better serve children with special needs. This represents approximately 4% of licensed providers in Lincoln.
- ☛ The participating 14 home providers, licensed to serve a total of 118 children, served 20 children with special needs (17%) during the 1997-1998 grant year.
- ☛ The 14 participating centers, licensed to serve a total of 1,159 children, served 117 children with special need (10%) during the 1997-1998 grant year.



## HOME & COMMUNITY SERVICES

**OBJECTIVE:** Prenatal care will be accessible to all and well coordinated among health, social and human service providers.

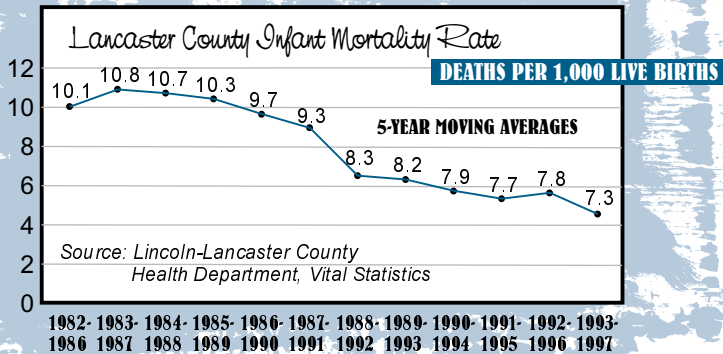
- ☛ Home visitation and case management services will be available to women and children at greatest risk.
- ☛ Home services were provided to 989 pregnant women and 504 infants at risk under age three. Services include case management, pregnancy and infant care teaching and assistance with development of parenting skills.



*"Thank you so much for your help during one of the most critical times in our lives. All that you have done for us & our baby is appreciated very much & will be remembered forever!"*

*Public Health  
Nursing Client*

- ☑ Nearly 16% of teen mothers in Lancaster County experience a second pregnancy in their teen years, but that rate drops to 7% for those teen mothers in the follow-up program.
- ☑ Nearly 84% of mothers in Lancaster County and in Nebraska received first trimester prenatal care. Of the 989 women who were identified as having significant risk factors in their pregnancies, 75% initiated prenatal care in the first trimester. In daily interaction with clients, we continue to strive for our Healthy People 2000 goal of having 95 percent of all pregnant women accessing prenatal care in the first trimester.
- ☑ The 1997 teen pregnancy rate for Lancaster County is estimated to be 47 pregnancies per 1,000 females ages 15 through 19. The teen birth rate has increased to 31.3 births per 1,000 females. The percentage of babies born to teen mothers in Lancaster County has been stable during the past decade, averaging 9.6 percent of all births. Teen mothers have a greater risk of pregnancy-related health problems than older mothers.
- ☑ Of the at-risk infants who are tracked by Public Health Nursing, 83% are fully immunized by age two, compared to 75% in the community at large.
- ☑ Infant mortality has been tracked by five-year averages since 1986 due to the small annual numbers of deaths. The graph shows the progress made in reducing infant mortality in Lancaster County during the past several years. This rate declined steadily to 7 deaths per 1,000 in 1994, meeting the Year 2000 Health Objective. The rate dropped sharply to 5.6 deaths per 1,000 in 1997, the lowest rate ever reported in Lancaster County.



### *Our Community Needs:*

A community wide effort to promote healthy mothers and babies.

Continued emphasis on addressing minority health issues.

A community wide initiative to address the rapidly increasing numbers of women who are smoking during pregnancy.

### *Women, Infants & Children (WIC)*

**OBJECTIVE:** Services will be available to women and children at a greater risk due to poor health and nutrition. Goals for WIC include the promotion of community wide awareness of program services and the development of a smoking cessation program for pregnant women.

- Due to an unexpected funding increase, the Special Supplemental Food Program for WIC was able to begin recouping the losses brought on by a waiting list. The addition of staff allowed for an increase in services and the participation increased to 674 women and 1,330 infants and children per month.

"I like WIC because it provides education and gives foods when they are needed."

Bertha Gonzalez,  
WIC Client



- ☛ A large proportion (67%) of WIC clients are considered "high risk" in terms of health or nutrition. Racial and ethnic minorities comprise approximately 35% of the population.
- ☛ WIC continues to collaborate with many organizations throughout the community including Family Services, Head Start, Lincoln Medical Education Foundation, and others. The Lancaster County WIC Community Advisory Committee developed an extensive three-year outreach plan and is in the early stages of implementation.
- ☛ WIC gives all pregnant program participants breast-feeding education and support, which has led to an initial breast-feeding rate of 54.5%, exceeding the national average of 47%.

### *School Health Achievements 1997-98*

**OBJECTIVE:** The physical and emotional health of students and staff will be promoted to maximize the educational process.

- ☛ In 1997, seven school health inservices were held. Topics included issues related to comprehensive school health, environmental health, communicable diseases and dental health. Additional topics were mental health, attention deficit, screenings, nutrition, teen pregnancy, drugs and alcohol and special needs issues of children. Last year, approximately 200 teachers, volunteer nurses and parents attended these inservices representing Lancaster County schools (and three people from other counties.)



*"Working together, we have been able to promote health through screenings and health education to enhance learning in the school setting."*

*Mary Volkmer &  
Mary Detterman*



- ☛ A School Health Network Advisory Committee of 13 members was formed to advocate for children's issues. Representatives from rural, private, parochial and public schools networked together to solve school health problems and share information.
- ☛ Topics to promote comprehensive school health were emphasized during the past year, focusing on ways health topics could be included in school curriculum.
- ☛ School health data was assessed to identify population needs. Nursing students assisted in doing a needs assessment for a specific school and geographic area as a basis for program development in working with children at increased risk for asthma and hypertension.



*School health education & services are provided to public, parochial & rural schools in Lincoln & Lancaster County.*

- ☛ Community networking on cardiovascular projects was a major focus this past year. Through school health inservices, 359 American Heart Association "Heart Power Kits" were distributed. Working cooperatively with The American Heart Association, Lincoln Public Schools, Comprehensive School Health Initiative, Nebraska Department of Health and Human Services, parents and children, comprehensive school health activities were identified for inclusion in a special book. Through a donation from Christian Printing, all 50,000 school age children in Lancaster County will receive a copy of this book which focuses on tobacco, nutrition, physical education and stress reduction.
- ☛ Through a network of volunteers and school personnel, approximately 7,500 students were screened for height and weight, hearing and vision. Approximately 2,500 students had scoliosis screening and 500 students had blood pressure screening.



## **Public Health Nursing home and community services**

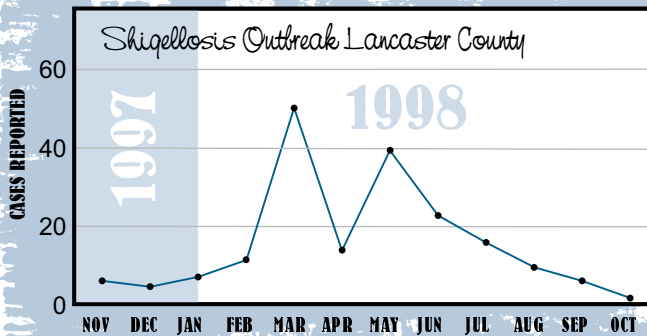
**OBJECTIVE:** Premature death, disability, and economic costs due to chronic diseases, especially cardiovascular disease, cancer and diabetes will be reduced.

- ☛ Nearly 1,400 home visits were made to persons over the age of 64. Services are provided under medical direction to provide assessment, health education, monitoring of health status and case management to promote client independence and safety while remaining in their home setting.
- ☛ About 300 home visits were provided to persons aged 45 through 64 to assure compliance with medical direction to promote healthy lifestyles.
- ☛ Health stations throughout the city and county provided 1,881 health screening and educational sessions to persons over 45 years of age. These services facilitate early detection of chronic disease and management of identified disease.

## **DISEASE CONTROL**

**OBJECTIVE:** The Communicable Disease Program provides surveillance and follow-up on reportable diseases and implements control measures to prevent the further spread of disease in the community.

- ☛ During this past year, the Department was actively involved in tracking, follow-up and prevention activities in disease outbreaks in Lincoln and Lancaster County. These included Shigella and Pertussis.



- ☛ The communicable disease program is actively involved in disease surveillance throughout the year. In addition, the program does weekly monitoring of school illness reports and influenza monitoring of physician offices during the flu season to be able to alert the public and health care providers when increased disease activity begins to occur.
- ☛ This past year, the Department expanded its Hepatitis B immunization program to include adolescents through 18 years of age. Over time, this will have a dramatic impact on the incidence of Hepatitis B within our community.



"Hepatitis B  
immunizations are  
important for the health  
of my children."

Public Health  
Nursing Client

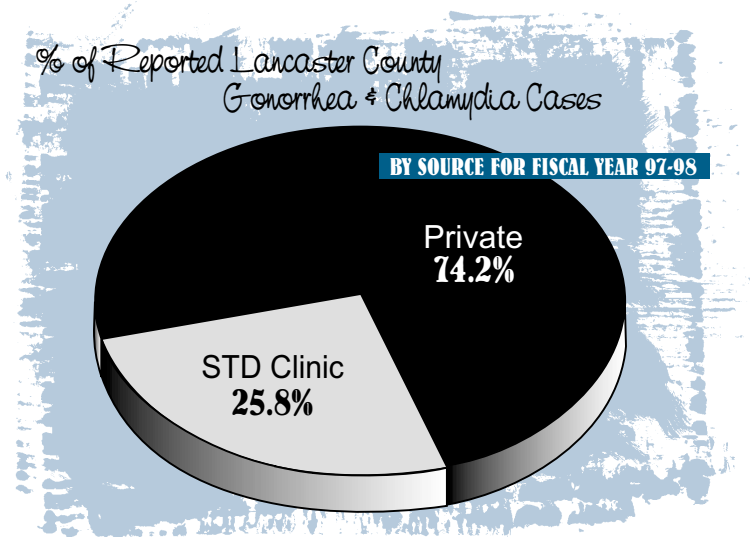
- ☛ The Hepatitis B Perinatal Program has been actively reaching out to high risk populations promoting Hepatitis B immunizations among children and early screening and follow-up for females at high risk for Hepatitis B infections to prevent perinatal transmission. In addition, the program promotes Hepatitis B screening among individuals who are from highly endemic areas.
- ☛ Tuberculosis, a low incidence disease in Lincoln and Lancaster County, is nevertheless monitored and follow-up is done on all potential or suspect cases and contacts of known cases in our community. Those undergoing treatment or preventive therapy for TB are able to access the services of the Department's TB program for assistance with carrying out their treatment plan.
- ☛ The Communicable Disease Program received 1,489 disease reports last year and did 373 epidemiologic follow-up investigations.
- ☛ A total of 21,851 immunizations were provided to school age children this past year by Department staff. This reflects an approximate increase of 2,000 immunizations from the previous year.
- ☛ This past year, The Department provided 6,280 influenza immunizations to those at high risk.
- ☛ The Lincoln-Lancaster Immunization & Vaccination Effort (LIVE), a new immunization coalition sponsored by LLCHD, has been active in the community to increase child and adolescent immunization rates.



**TAKE YOUR BABY  
FOR SHOTS**



- ☛ The incidence of AIDS in Lancaster County is 5.1 cases per 100,000 people. A decline in the number of new AIDS cases this past year, from 20 to 12, reflects the impact new therapies for treating HIV are having on reducing the incidence of AIDS and AIDS deaths.



- ☛ The incidence of Gonorrhea and Chlamydia in Lancaster County for 1997 was 122 and 215 cases per 100,000 people respectively. Gonorrhea incidence was up from 88 cases per 100,000 people in 1996. Chlamydia was down from 239 cases per 100,000 people in 1996.

## GRANTS & AWARDS

### *Nebraska Health & Human Services System*

|     |   |             |
|-----|---|-------------|
| 1.  | HIV/STD                                     | \$ 86,800   |
| 2.  | Diabetes Education                          | \$ 5,000    |
| 3.  | Innovations                                 | \$ 15,000   |
| 4.  | Early Intervention Service Coordination     | \$278,500   |
| 5.  | Developmental Disabilities                  | \$ 7,750    |
| 6.  | Hepatitis B                                 | \$ 20,400   |
| 7.  | High Risk Maternal/Infant Follow-up Program | \$ 89,144   |
| 8.  | NE Immunization Action Plan                 | \$101,800   |
| 9.  | Medical Access Coordination                 | \$ 29,900   |
| 10. | Tuberculosis Management                     | \$ 23,500   |
| 11. | Women, Infants and Children (WIC)           | \$263,000   |
| 12. | Access Medicaid/Health Connection           | \$1,680,000 |

### *Lancaster County*

|    |                                    |           |
|----|------------------------------------|-----------|
| 1. | General Assistance                 | \$141,500 |
| 2. | Jennie B. Harrell Attention Center | \$ 44,200 |

### *Other*

|    |                         |           |
|----|-------------------------|-----------|
| 1. | Reach Out America (RWJ) | \$ 4,500  |
| 2. | Katie Beckett           | \$ 10,800 |



HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

**Mission Statement:**

*The mission of the Animal Control Division is to promote the quality of life by providing public health and safety through enforcement, education, and services and by assuring that the rights of animal owners and non-owners are protected and animals are properly cared for.*

# Animal Control

§ **EPIDEMIOLOGY**

§ **PUBLIC HEALTH NURSING**

§ **ANIMAL CONTROL**

§ **HEALTH PROMOTION & OUTREACH**

§ **DENTAL HEALTH**

§ **ENVIRONMENTAL HEALTH**

1997-98  
Annual  
Report

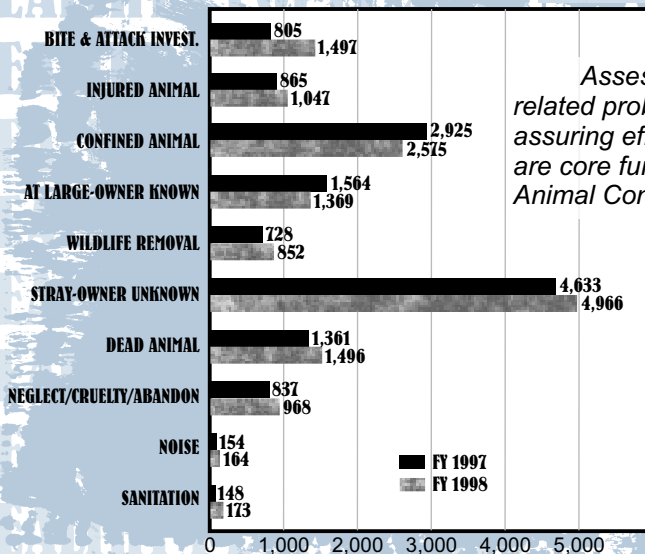


# HEALTHY PEOPLE 2010 Animal Control



"I love talking to kids. Teaching them the importance of animal safety and dog bite prevention is my number one priority. Simple steps can make a huge difference."

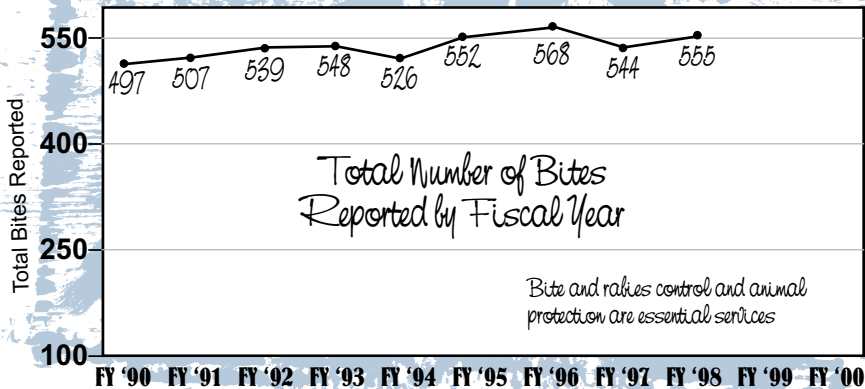
Kris Johnson  
Animal Control Officer



Assessing animal-related problems and assuring effective services are core functions of the Animal Control Program.

Animal Control officers responded to 17,596 service requests and office staff handled over 46,000 calls from citizens regarding services needed, information on animal behavior, wildlife control, ordinances, and licensing. In addition, 2,867 lost and found calls were taken. There were 681 citations and 2,626 warning/defect tickets issued to pet owners violating local ordinances. Animal Control Officers responded to 864 injured animal calls or rescues and investigated 833 complaints of animal neglect.

Animal bites reported to Animal Control increased from 544 to 555 (2%), with over 42% of bites being inflicted on children younger than age 16.

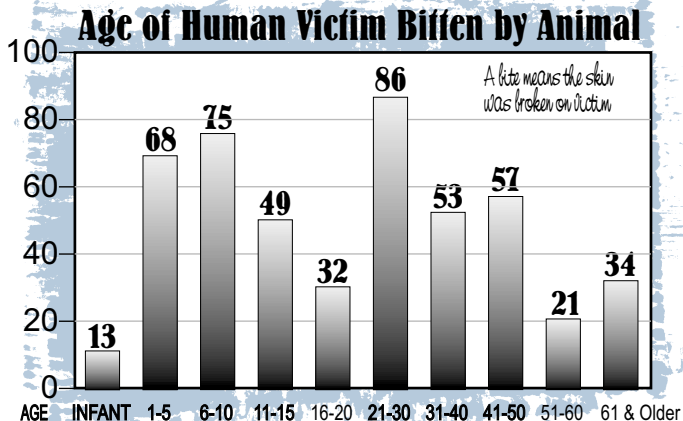


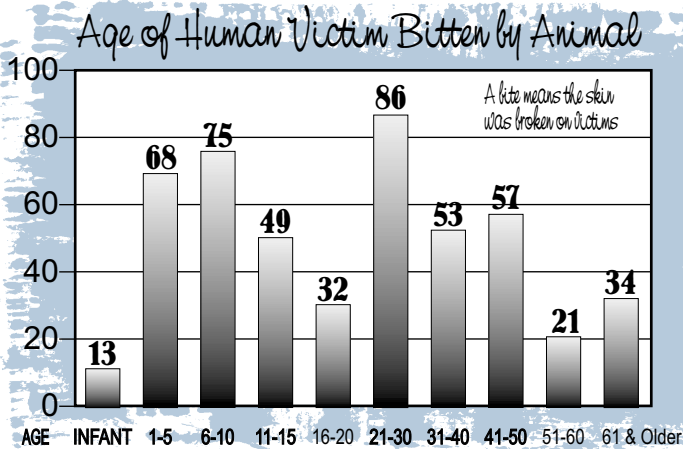
The Journal of the American Veterinary Medical Association on May 1, 1998 stated, *"Dog bites are the number one health problem of children, outnumbering measles and mumps combined. Medical treatment for dog attacks costs society \$104.4 million annually and liability claims paid by insurance companies in 1996 totaled a record \$1 billion."*

Other regulatory activities include pet shop inspections, livestock permits, dangerous and potentially dangerous dog declarations, wildlife removal, animal licenses, and complaints about animals.

Two individuals were cited for cockfighting. The action was documented through a video. The individuals pled guilty and were fined \$200 each plus court costs.

The District Court gave Animal Control a partial victory in a horse cruelty case upholding 4 of the 11 cruelty counts of which the Lancaster County Court had previously found the owner guilty.





*Nationwide, over 60% of the severe injuries from animal bites and 85% of the fatal injuries are inflicted on children 12 years of age and younger. (John C. Wright, PhD, Mercer University)*

Follow-up work on reported bites and attacks resulted in 7 dogs being declared dangerous and 5 potentially dangerous. In addition, 43 animals were signed over for destruction prior to a declaration. A hybrid wolf (90% wolf), escaped from his owner's property, attacked a 17-year-old girl (baring teeth and growling) and killed a Pekingese chained on a porch. This animal was declared vicious.



*"A solid relationship between Capital Humane Society and Lincoln Animal Control is important to the community. Working together prevents unnecessary expenditures of tax dollars and gives both organizations an opportunity to know the issues at hand and not only be reactive to those issues, but to develop programs that are preventive in nature."*

*Bob Downey,  
Executive Director  
Capital Humane  
Society*

Animal Control gave 75 presentations emphasizing bite safety and knowledge of animal behaviors to 3,087 preschool and elementary school children, plus several adult organizations and local animal clubs. An educational campaign was continued at the request of the Board of Health regarding the importance of cleaning up after your pet. Animal Control vehicles were fitted with signs encouraging citizens to clean up after their dog when walking and giving information on barking control, bite prevention, safety around animals, and to spaying or neutering their pets.

*The Animal Control Program serves to protect the health and safety of the citizens of Lincoln. In addition, the program serves to protect the welfare of animals and to prevent cruelty and neglect.*

Citizen donations of nearly \$16,000 financed the purchase of several new videos, films, and educational materials, as well as the employment of a student intern, who develops new pamphlets, posters, and display panels for use in schools.

*The Animal Control Advisory Committee reviewed the recommendations of the Cruelty Task Force which had suggested revisions to the Lincoln Municipal Code regarding cruelty and neglect in 1997. The Committee made additional recommendations during their regular and special meetings for a 10-month period and then held a public hearing in June 1998. These proposed revisions were approved by the Board of Health in August 1998.*



*"Animal Control has established a progressive program and other cities have adopted ordinances modeled after Lincoln's. The staff is committed to achieving a high level of quality service for the people and animals in our community."*

*Terri Walkenhorst Treinen,  
President, Animal Control  
Advisory Committee*

Animal Control's Educational/Government Access television show is in its seventh year. A talk show format is used to integrate guests and video clips to educate the public about responsible pet ownership, safety, and the role Animal Control plays in the community. The show, which airs three times per week, is produced by staff and public volunteers.

During the summer months, a booth was set up on four occasions at the Lincoln Farmer's Market and also at the Lancaster County Fair, (Health Awareness Day and Celebrating Families Day), Nebraska State Fair (Kid's Day), Bryan Hospital Health and Safety Fair, Animal Awareness Day at Sam's Club, Children Museum, and Kid's Day at East Park Mall. Displays were also set up at the 4-H Pets/People Professional Camp, Environmental Fair, Girl and Boy Scout Animal/Pet Fair, Safety Health Fair at Pershing Auditorium, Earth Wellness Festival and Cat Show, as well as several fairs of local schools, veterinary offices, and community centers (Malone Center, Salvation Army, etc).



*Jim Weverka, Manager of the Animal Control Division was elected President of the National Animal Control Association.*

## PROGRAM HIGHLIGHTS

|  |                  |
|--|------------------|
| Animal licenses sold                                   | 42,694           |
| Animals impounded                                      | 3,918            |
| Dogs and cats claimed                                  | 1,752            |
| Dogs and cats unclaimed and transferred to the shelter | 2,166            |
| Licensed, stray animals delivered home                 | 283              |
| Court citations issued                                 | 681              |
| Warnings/defect tickets issued                         | 2,626            |
| Bite cases reported                                    | 555              |
| Pet shop, large animal, and other permits issued       | 66               |
| Animal neglect investigations                          | 833              |
| Lost and found queries                                 | 2,867            |
| Wildlife removal                                       | 570              |
| Dogs declared dangerous                                | 7                |
| Dogs declared potentially dangerous                    | 5                |
| Biter dogs signed over                                 | 43               |
| <b>Revenue generated</b>                               | <b>\$582,246</b> |



HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

**Mission Statement:**

*"The Division of Health Promotion and Outreach is committed to enriching the lives of people of all cultures so that individuals are empowered to assume responsibility for their own health."*

# Health Promotion & Outreach

§ **EPIDEMIOLOGY**

§ **PUBLIC HEALTH NURSING**

§ **ANIMAL CONTROL**

§ **HEALTH PROMOTION & OUTREACH**

§ **DENTAL HEALTH**

§ **ENVIRONMENTAL HEALTH**

1997-98  
Annual  
Report



# HEALTHY PEOPLE 2010

## Health Promotion & Outreach

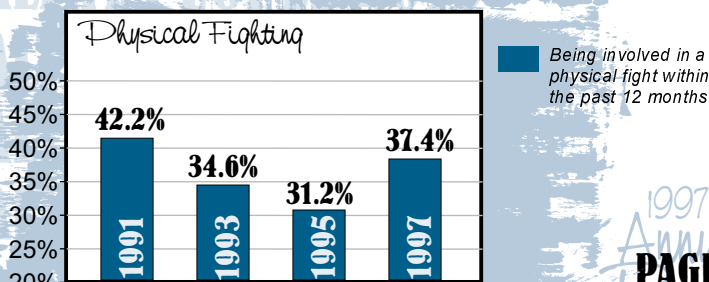


### Healthy Children, Youth & Families

*Promoting and protecting the health of children and youth is accomplished through prevention programs that involve the entire community.*

#### Accomplishments:

The 5th Youth Risk Behavioral Survey will be completed in May, 1999. Developed by the Centers for Disease Control and Prevention, the survey assesses youth behaviors in the areas of tobacco use, violence, alcohol and drug use, suicide, nutrition and physical activity. The Department started surveying youth risk behaviors in 1991.



Source: Lincoln-Lancaster County Health Department

*"The Safe Night program has helped me get a focus on my future. I want to help others and have chosen a career in special education."*

Brian  
VanLaningham  
Safe Night  
Coordinator



With the assistance of AmeriCorps\* VISTA members and a commitment from MADDADS, the “F” Street Recreation Center, the Salvation Army of Lincoln and the Lincoln YWCA; SAFE NIGHTS are becoming the place to be for local children and youth. Over 800 youth attended 18 SAFE NIGHTS events, participating in basketball/volleyball tournaments, dance contests, making jewelry and pottery. A core component of each Safe Night is a “teachable moment” when youth are engaged in a non-violent conflict resolution exercise.

The Health Promotion and Outreach Division, along with the Epidemiology Program, assisted in coordinating a statewide conference entitled, “Nebraska Youth At Risk, a Symposium for Community and Academic Exchange.” Other major sponsors of the two-day conference included the Gallup Organization and the University of Nebraska.



*“As an AmeriCorps member, I’ve had the opportunity to make a positive difference in the lives of children and youth. It is very rewarding to work one on one with such a great group of kids.”*

Duane  
“Brent” Martin  
AmeriCorps Member

## Highlights

- ☛ The Comprehensive School Health Initiative (CSHI) completed its third year of working in partnership with area schools to develop coordinated systems for improving educational outcomes by addressing youth risk behaviors.
- ☛ Eighteen full-time AmeriCorps Members (aka “the Domestic Peace Corps”) have been working under the auspices of the CSHI program to provide tutoring, mentoring and family outreach services to identified at-risk students at four Lincoln elementary schools. In addition, an afterschool program operated by AmeriCorps Members is now in its second year of operation at McPhee Elementary School.

- ☛ "Nebraska Reads," a collaboration between CSHI and Community Action of Nebraska, Inc., is placing 54 part-time and full-time AmeriCorps Members in elementary schools across the state through funding awarded by the America Reads Initiative. Of those 54 Members, 36 will work in Lincoln Public Schools under the auspices of the Comprehensive School Health Initiative.

- ☛ Park Middle School, McPhee, Norris and St. Mary's Elementary schools all worked to implement different violence prevention programs. Each school received a grant from Woods Charitable Fund, Inc. to develop school and family based solutions to preventing peer and family violence. The Family Violence Council worked with school personnel to produce the first violence prevention resource guide for educators.



*"The Health Department is a positive community partner. Its collaboration with community schools, the Lincoln/Lancaster County Mediation Center and the Family Violence Council to develop the "Preventing Violent Relationships - Action for the Future" project has produced four individual school programs addressing the issue of violence and an educator's guide that will be distributed throughout the city and county. The Health Department has been a key player in bringing the community together to find local solutions to the problems of violence we experience."*

*Pam Baker  
Woods Charitable  
Fund, Inc.*

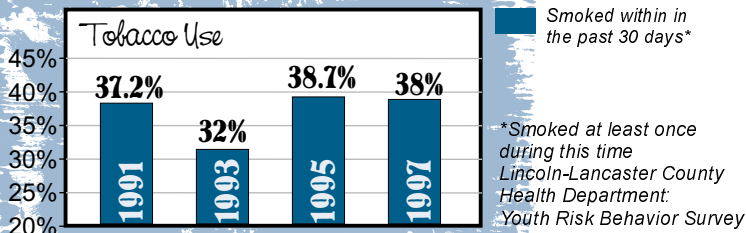
- ☛ The 1998 School Health Fair with its theme, "What Can YOU Do?" engaged more than 1,000 Lincoln and Lancaster County elementary and middle school students in an illustrated essay and community service competition designed to encourage them to explore the ways they could positively impact the well-being of their community. First Lady Diane Nelson was a special guest and awards presenter at the Annual Awards Banquet, which was held in May. The United Way of Lincoln/Lancaster County and the Nebraska Volunteer Service Commission co-sponsored this year's fair.



# Kids Eat Free!

This is a site for the  
Summer Food Program.

- ☛ The Summer Food Program is an extension of the School Lunch Program and provides over 23,000 meals at 26 neighborhood sites between June and September. Churches, recreation centers, schools, community centers, parks, libraries, and businesses can qualify as USDA approved sites serving children and youth. This year was a first for serving breakfast at McPhee Elementary and the Salvation Army.
- ☛ Lincoln and Lancaster County teens have become increasingly involved with tobacco prevention among their peers. They are learning about the Four A's of Tobacco Control - Access, Appeal, Affordability, and Clean Air.
- ☛ **Access:** Teens, along with the Lincoln Police Department and LLCHD do periodic compliance checks of retailers to discourage illegal sales of tobacco to minors.



- ☛ **Appeal and Affordability:** Teens from local high schools have surveyed more than 30 local retail establishments to assess amount of tobacco advertising, tobacco promotions, and where product is placed. In addition, dozens of teens have been trained through the Teens Against Tobacco program to teach hundreds of elementary students tobacco prevention skills.
- ☛ **Clean Air:** Students in the high schools' parenting classes have learned the importance of raising children in a smoke-free environment.
- ☛ The Health Department, Lincoln Police Department and youth teamed to continue the campaign to reduce illegal tobacco sales to minors. Through a combination of education and enforcement, the rate of tobacco sales to minors has decreased from 53% to 20%.

## *Injury Prevention & Traffic Safety*

The Injury Prevention Program reached 22,730 Lincoln-Lancaster County residents during the year through 121 presentations/workshops, 4 brown bag medication reviews, 19 health fairs, 20 injury prevention programs, 15 in-service training sessions, 11 injury prevention coalition meetings, 15 media events, 62 injury surveillance system inquiries, 6 television programs, and distribution of 5976 brochures and fact sheets.

### **Challenges**

- ☛ According to the 1997 Lancaster County Youth Risk Behavioral Survey, 36.2% of all students surveyed reported having ridden in a car in the past 30 days with someone who had been drinking alcohol. To address this issue and youth seatbelt usage, members of Safe Communities Coalition worked with two rural and three urban high schools to coordinate traffic safety activities for youth. The new graduated licensing system in Nebraska requires parents to get more involved with the behind-the-wheel supervised driver training of their teenagers. New application requirements for youth permits include either proof of the completion of a DMV approved driver safety course or an affidavit of 50 hours supervised driving time. In response to this change, the LLCHD is offering a series of Youth Driver Training Programs to include both parents and teen drivers.



### **Accomplishments**

- ☛ Over 5,000 youth were reached directly through distribution of material, grim reaper programs and all-school assemblies.
- ☛ An additional 4,000 were estimated to be indirectly reached through observational seatbelt surveys, speed radar monitoring and wrecked car displays.
- ☛ The wrecked car display with Buckle Up and Don't Drink and Drive message was used at five sites throughout the year.
- ☛ Over 400 eggmobil occupant restraint demonstrations reached over 11,000 children and adults at 40 community health fairs.
- ☛ An estimated 3,800 people attended other safety presentations, including 40 professional child care providers.



Under the leadership of the Lincoln-Lancaster County Health Department a Safe Communities Coalition was formed to mobilize the public on issues of health education, data sharing, program development and evaluation and enforcement.

### Highlights

- ☛ 1,500 copies of the Safe Communities Resource Guide were printed for county-wide distribution to child care centers, WorkWell members, senior centers, recreation centers and through Lincoln and Lancaster County Schools.
- ☛ Safe Communities members coordinated a seven-week pedestrian safety campaign with a total of ten organizations. The campaign included a walkability survey, funded through the Lincoln Board of Realtors and six neighborhood associations, promotion of community walk events and safety education workshops.
- ☛ Safe Communities partners joined SAFE KIDS members in coordinating several events to promote the proper use of child safety seats:

*The 2nd annual "Diaper Derby" at Gateway Mall  
Over 200 child safety seats were inspected for proper use at Park Place Pontiac, Cadillac, GMC and Mercedes Benz; Trinity United Methodist and Goodyear Childcare Centers.*

*54 staff from these organizations and 8 SAFE KIDS Coalition members received technical training on correct installation and use of child safety seats.*

*The Department works to accurately assess health concerns and mobilize the community to respond.*

- ☛ The Injury Surveillance System provides an accurate accounting of intentional and unintentional injuries resulting in hospital and emergency room visits. Over 23,000 E-Coded (external cause) medical records were collected last year.

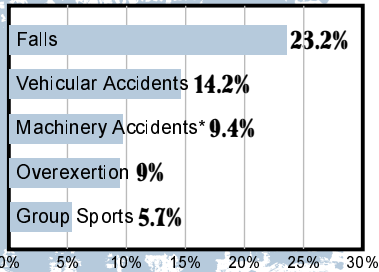
The greatest losses of productivity and years of potential life are among our children and youth.

## Leading Causes of Injury for all Ages

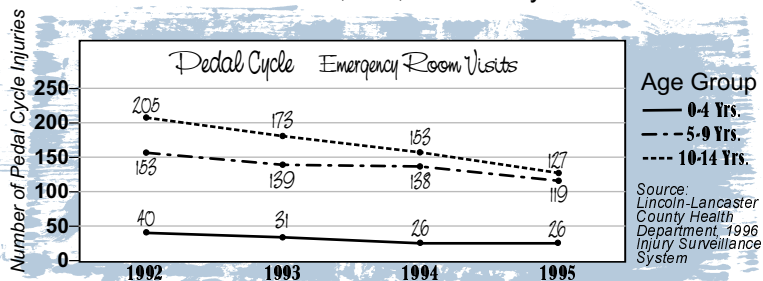
Based on emergency room visits, 1992-1995

\*Accidents with dangerous tools, appliances and machinery

Source: Lincoln-Lancaster County Health Department

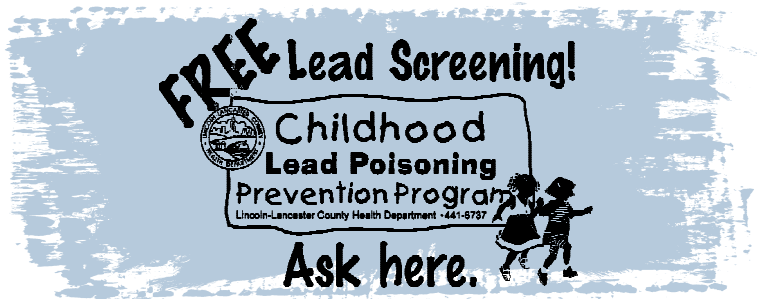


- The SAFEKIDS Coalition seeks community involvement to identify solutions to preventing injury to children and youth. Data from the Injury Surveillance System indicates that falls are the leading cause of injury resulting in an emergency room visit.
- In an effort to reduce the increasing incidence of childhood sports-related injuries, 3 presentations were provided to over 200 volunteer coaches of youth league soccer, basketball and football teams. Print information on prevention of sports-related injuries were developed and included in 500 volunteer coaches packets.
- Partnerships with the Kiwanis Clubs of Lincoln and Lincoln Public Schools enabled the SAFE KIDS Coalition to reach over 3000 youth with bicycle safety education and sell over 600 low-cost bike helmets at 32 elementary school bicycle safety rodeos. Over 300 helmets were sold to area member businesses of WorkWell, Inc., and Family Care Solutions.



## Preventing Lead Poisoning Among Children

Childhood Lead Poisoning screening of 1535 high risk children, ages 6 months to 6 years revealed a 9.9% elevated blood lead level among those screened. 14.3% of the children screened at the LLCHD Clinic were found to have elevated blood lead levels and 10.0% of the children screened door to door had elevated blood lead levels. Medical case management and environmental assessment follow-up was completed on all lead-poisoned children according to Center for Disease Control and Environmental Protection Agency guidelines.



- ☛ The Childhood Lead Poisoning Prevention Program was initiated in 5 Southeast Counties of NE through cooperative arrangements with Johnson and Nemaha County Health Departments.
- ☛ Childhood Lead Poisoning screenings are offered to high risk children through the Lincoln-Lancaster County Health Department, including Well Child Clinic, Immunizations, Woman, Infant and Child (WIC), Dental Health and Walk-ins. Additionally, screening sites were arranged through the cooperation of select neighborhoods and churches, businesses, child care facilities, Elementary schools, Head Start Programs, Family Service WIC Programs, and community events.

### **Reducing Health Disparities and Promoting the Health of All Cultures**

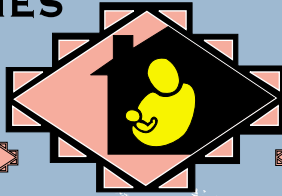
Neighborhood outreach, cultural competence and community partnerships continue to be the cornerstones of the Healthy Homes Program. Prevention and treatment services contribute to the self-sufficiency of families of all cultures.

### **Accomplishments**

- ☛ Healthy Homes has completed its fifth year of serving minority families. Special characteristics of the program include: promoting self-sufficiency, parent education, home visitation, preventive health services, transportation, translation and a flexibility to the needs of the clients.
- ☛ An integral part of the Healthy Homes Program is the diversity training provided to the community. Over 60 workshops with over 2000 participants were provided to medical health and human service providers, church, civic and social groups.



# HEALTHY HOMES



PROMOTING THE HEALTH OF  
PEOPLE OF ALL CULTURES.  
A PROGRAM SERVING  
PREGNANT WOMEN,  
NEWBORNS & INFANTS.

- ☛ Over 854 pregnant women or mothers with infants have been referred to the Healthy Homes Program; 107 families have been completed and 134 families are currently participating; 183 families have been referred to other providers; 63 are on a waiting list and 20 families are part of the Healthy Homes extended outreach activities.
- ☛ Nearly 300 Teddy Bear Cottage participants accumulated points for healthy behaviors and exchanged these for needed children's clothing and baby items. Lincoln Kiwanis Clubs have volunteered 232 hours to staff and stock the Cottage.
- ☛ Over 1818 individuals were reached through 57 presentations emphasizing the importance of providing culturally expectant preventive health services.
- ☛ 182 car safety seats were loaned to 285 families.

23% of Healthy Homes mothers are teenagers compared to 9.4% of the general population.

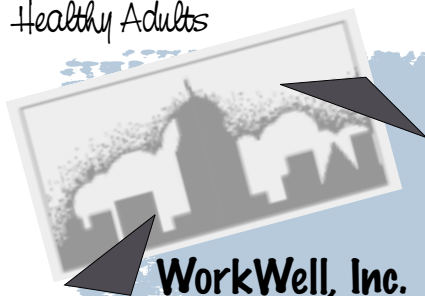
49% of clients were provided translation/transcription services.

67% of Healthy Homes mothers and babies received assistance with medical transportation.

96% of clients enrolled in WIC.

95% of all Healthy Homes families are part of a joint case management plan.

Healthy Adults



**WorkWell, Inc.**



### Highlights

- ☛ Lincoln is well on its way to becoming the nation's fourth Well City. This prestigious award will be achieved through the commitment of employers to their employees' health by participation in the nationally recognized Well Workplace process. Eight of WorkWell's 100 companies have achieved Well Workplace status, seven more are completing the process, and at least 15 will begin Well Workplace in 1999. Currently, nearly 10,000 Lincoln employees work for Well Workplace companies.
- ☛ To meet the growing demand by business for health promotion at the worksite, WorkWell has expanded its boundaries to include counties in southeast Nebraska. Already taking advantage of this opportunity are Farmland Industries in Crete, Weeping Water Public Schools in Weeping Water, and the Southeast Community College campuses at Milford and Beatrice.
- ☛ Recognizing the need for staff to actively model good health behaviors, the four CSHI schools, McPhee, Roper, Fredstrom, and Elliott have become members of WorkWell.
- ☛ Comprehensive employee health assessments and wellness counseling were provided to 340 city and county employees. Identifying and addressing employees' health risk factors is an important goal of the wellness program. In addition, 1900 city employees received monthly wellness newsletters, and 1400 employees participated in health presentations and activities.

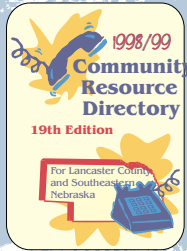
*"Women's health issues are important to the community. Early detected breast cancer among women has a 90% survival rate. The Every Woman Matters program assures all women have access to important health services."*

*Charlotte Burke,  
Community Health Educator*

- ☛ "Every Woman Matters", a breast and cervical cancer detection program with a focus on women ages 50 to 64, is working with local businesses to inform employees about the availability of free mammograms and pap tests to eligible women. In addition to cancer's potentially devastating emotional consequences, it can be devastating financially. An early detected breast cancer costs approximately \$12,000 while a late detected breast cancer can cost more than \$145,000.
- ☛ The Every Woman Matters program received an award from the state program to assess the degree of compliance among participants with annual mammogram and pap test re-screening. Of the 160 women contacted, 78% had either made or completed their appointments for re-screening. The remaining 22% were encouraged to complete their annual exams and were assisted with transportation and/or translation when needed.
- ☛ The Mobile Health Clinic has become widely recognized throughout the community. Purchased by the Public Health Foundation with contributions from the community, this versatile vehicle is equipped to provide dental, medical, and health education services to the high risk and under-served populations. In the past year, LLCHD, in cooperation with Lincoln Public Schools, has utilized the clinic to provide school-site dental services to hundreds of at-risk children. In addition, the clinic has established regular hours of service at the Malone Community Center, the West Lincoln Family Resource Center, a WIC site in Northeast Lincoln, and at CenterPointe. In the past year nearly 1100 children and adults, who otherwise may have difficulty accessing needed health care, have received services at the mobile health clinic.

## **Information and Referral**

*Improving access to health services requires that the public be informed of what services are available. The Department works with the community to assure that health services are promoted to all populations.*



## Accomplishments:

- ☛ Over 40,000 copies of "Community Connections" were produced and distributed throughout Lincoln and Lancaster County. The 1997-1998 guide listed over 600 resources for families. \$7500 was received in donations to offset printing and distribution costs.
- ☛ The 19th edition of the Community Resources Directory was computerized using a new software program called IRis. New information and referral technology has made it possible to create a Directory on Disk and to offer computer networks that enhance communication and improve service to those individuals seeking health and human services.
- ☛ Over 435 new health and human service profiles were added to the directory database bringing the total to 835 listings.
- ☛ The Human Services Federation and the Lincoln-Lancaster County Health Department collaborated on hosting four brown bag luncheons. The lunch and learn sessions provide provide staff development opportunities to individuals and volunteers that worked in a variety of health and human service settings.
- ☛ The 1998 Blue Pages were published in the Aliant Communications phone book. This valuable service would not be possible without support from the Human Services Federation and Aliant Communications.
- ☛ The Department maintains a public health library that is open to the public Monday-Friday, 8:00 a.m. to 4:30 p.m. Consumer health information is available on a variety of subjects. The Department's public health reports are also kept in the library.
- ☛ Department staff were able to assist non-English speaking individuals through the use of Language Lines. While the Department employs Spanish and Vietnamese speaking staff, we also see Russian, Korean, Arabic and Bosnian families. The Department is currently working with the New Americans Task Force to develop a local language assistance service.

## **GRANTS/AWARDS, 1997-98**

|  |           |
|--|-----------|
| Childhood Lead Poisoning Prevention            | \$157,470 |
| Centers for Disease Control and Prevention     |           |
| Environmental Protection Agency                | \$ 60,000 |
| Nebraska Department of Health & Human Services |           |
| Cardiovascular Risk Reduction                  | \$ 30,900 |
| Nebraska Department of Health & Human Services |           |
| Tobacco Prevention Education                   | \$ 33,000 |
| Nebraska Department of Health & Human Services |           |
| Every Woman Matters                            | \$ 50,195 |
| Nebraska Department of Health & Human Services |           |
| Traffic Safety Education                       | \$ 61,940 |
| Nebraska Office of Highway Safety              |           |
| Comprehensive School Health Initiative         | \$ 20,000 |
| AmeriCorps Members                             | \$197,695 |
| Corporation for National Service               |           |
| AmeriCorps Vista                               | \$ 70,677 |
| Corporation for National Service               |           |
| SAFEKIDS                                       | \$ 5,000  |
| National SAFEKIDS                              |           |
| Summer Food Program                            | \$ 81,500 |
| United Department of Agriculture               |           |
| <i>(includes reimbursement for meals)</i>      |           |
| Injury Prevention/Surveillance                 | \$ 8,381  |
| Nebraska Department of Health & Human Services |           |
| Violence Prevention                            |           |
| Woods Charitable Fund, Inc.                    |           |
| 1997-98 Implementation Grant                   | \$ 20,000 |
| Safe Nights                                    | \$ 7,000  |
| School Health Fair                             | \$ 2,500  |
| Community Donations                            |           |



HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

**Mission Statement:**

*Assessing and  
targeting the needs of  
our children and youth  
establish early  
preventive dental  
health practices that  
ultimately will improve  
the dental health  
status of our  
community.*

# Dental Health

§ **EPIDEMIOLOGY**

§ **PUBLIC HEALTH NURSING**

§ **ANIMAL CONTROL**

§ **HEALTH PROMOTION & OUTREACH**

§ **DENTAL HEALTH**

§ **ENVIRONMENTAL HEALTH**

1997-98  
Annual  
Report

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

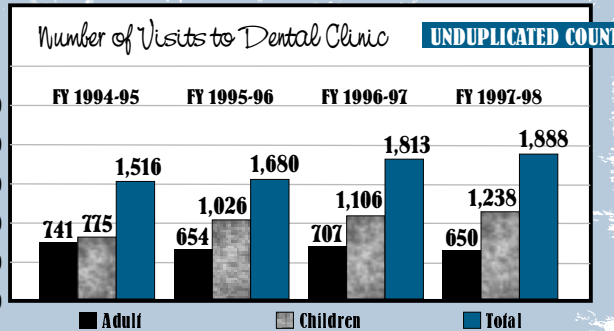
HEALTHY PEOPLE 2010

# Dental Health

## Disparities in Oral Health Care:

Only 40% of Americans have some form of dental insurance. Since dental insurance coverage is usually employment based, persons who do not work or work part-time are less likely to be insured.

Public programs pay for less than 3% of all dental services.



Source: Lincoln-Lancaster County Health Department, Dental Program

1997-98

PAGE 51



- ☞ Dental decay is the most common infectious disease of U.S. children. It affects 52% of children aged 6 to 8 of elementary school age have been affected by dental caries.
- ☞ The cases of dental caries in children is concentrated, with 80% of the disease found in 25% of the childhood population. Higher disease levels generally are found among members of racial and ethnic minority groups, children from low-income families and children whose parents have less than a high school education.
- ☞ The level of untreated dental caries among members of racial and ethnic minority groups is greater than the national average.
- ☞ Poor children and those in racial and ethnic minority groups have less private dental insurance than the average for all children.
- ☞ Poor children have 37% fewer dental visits than nonpoor children.

In working toward reducing these disparities in oral health care, the Dental Division provided 5,356 clinical visits to 1,888 clients. More than 4,000 of the clinical visits, or 75%, were for children of low-income families. Nearly 700 of the clients, or 43%, were members of racial and ethnic minorities, reflecting a 7% increase in this clientele.



*"We know or can imagine how difficult it is to pay attention and learn with a toothache. I appreciate Health Department dental screenings at schools and their referrals so families know about their child's dental health needs. The new possibility of actual treatment for children with priority needs in the Mobile Health Van provides another way to make the hurting stop. Thank you for reaching out to children and families."*

DeAnn Currin,  
Principal, Elliott

Financial, cultural, psychological, social and geographic barriers contribute to inadequate access to preventive dental care. To assess and facilitate the access for children to a regular source of dental health care, the Dental Health Division, in partnership with the Lincoln Public Schools, coordinates a school-based dental screening and referral program. The program utilizes dentists from the community and targets children that have not seen a dentist in the past 12 months. Highlights of the program include 5,131 children screened, 2,117 children referred and 207 children identified as needing priority dental care.

The Dental Division provides school based services for high risk children utilizing the mobile health clinic. Last year, the mobile health clinic made school site visits to Elliott, Holmes, Saratoga, Everett, McPhee, Park and St. Mary's targeting high risk children with dental services.

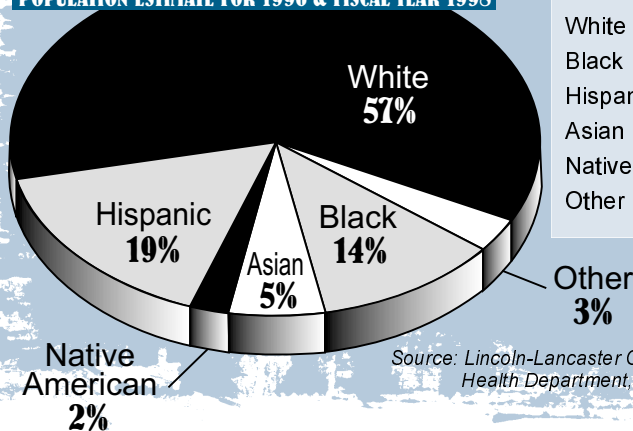
In cooperation with the Lincoln Action Program and Lincoln Public Schools, the Dental Division provided in-kind services to high risk children enrolled in Headstart. Dental services were provided to 42 children from the Headstart program. The Salvation Army participated by providing the mobile health clinic with the opportunity to visit its location to target high risk children in the area who are enrolled in Headstart but are not accessing dental services. The monetary equivalent of our dental services is used as "match" for Headstart federal funding.



Fluoride has long been recognized as the most reliable and cost effective method for the prevention of tooth decay. The Dental Division has worked with rural schools and parent organizations to implement a school-based fluoride rinse program targeting children in kindergarten through the sixth grade living in areas with fluoride deficient drinking water. Children rinsing once a week with a .2 percent concentrate fluoride solution have a 20% - 50% reduction in the incidence of tooth decay. Nine rural schools participated, reaching 692 children.

Percent of Population  
& Dental Clients by Race

POPULATION ESTIMATE FOR 1996 & FISCAL YEAR 1998



Lancaster County  
Population

|                 |      |
|-----------------|------|
| White           | 94.0 |
| Black           | 2.0  |
| Hispanic        | 1.8  |
| Asian           | 1.6  |
| Native American | .5   |
| Other           | .1   |

Source: Lincoln-Lancaster County  
Health Department, Dental Program

- Members of racial and ethnic minority groups and poor adults have less dental insurance than the national average.
- Fewer members of racial and ethnic minority groups and poor adults had a dental visit in the preceding year.
- Only 15% of the elderly have any private dental insurance, and Medicare does not reimburse for routine dental services.

A Dental Screening and Referral Program, targeting low-income adults and elderly, screened and referred 369 clients. Through cooperation with the UNMC College of Dentistry, the Department of Social Services and the General Assistance Program, these clients received dental services at no fee or reduced fees. The services provided through this collaboration maximize resources, minimize costs to the county, and provide clients with the basic needs that help promote employability.

To increase community awareness of the importance of dental health and early detection of dental disease, the Dental Health Division offers presentations on dental health topics that include oral hygiene, smokeless tobacco, nutrition, and oral pathology. The Division gave 33 presentations to 900 children and adults.

1997-98

PAGE 54



HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

# Environmental Health

**Mission Statement:**

*Recognizing the close interdependence between people and the environment, the Environmental Health Division assures that the interaction of people and the environment minimizes the risk to public health and well being.*

§ **EPIDEMIOLOGY**

§ **PUBLIC HEALTH NURSING**

§ **ANIMAL CONTROL**

§ **HEALTH PROMOTION & OUTREACH**

§ **DENTAL HEALTH**

§ **ENVIRONMENTAL HEALTH**

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

HEALTHY PEOPLE 2010

1997-98  
Annual  
Report

# Environmental Health

## Consumer Services & Health Protection

- ☞ Food Protection
- ☞ Quality Child Care
- ☞ Water Quality
- ☞ Public Health Nuisances



"It really meant a lot to the Swanson Corporation to be publicly recognized as the winner of the Board of Health's annual 'Excellence in Food Service Sanitation' award. This award program is an excellent way to encourage safe food handling."

Sandy Hobelman  
Swanson  
Corporation

### Food Protection Program

Health Objective For the Year 2000 - To reduce the incidence of foodborne disease.

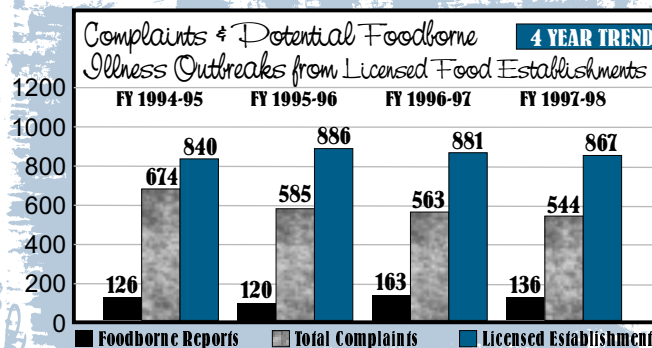
Illnesses caused by foodborne pathogens continue to pose significant public health risks. News reports of contaminated food and new emerging diseases continue to cause much public alarm. The Food Protection Program's goal is to assure that commercially prepared food is safe to consume. 867 restaurants and retail markets are licensed throughout Lancaster County. Food Handler and Food Manager education and testing, technical assistance, regular inspections, and enforcement are the four main aspects of the Program. Technical assistance ranges from plan review for those that may be expanding, remodeling or building new facilities to menu review and hazard analysis of critical control points in food preparation processes. Public complaints on food establishments and potential food borne disease outbreaks are investigated quickly.

### *Community Involvement Assures both the Public and Industry are Heard*

The Food Advisory Committee advises staff and the Board of Health on how to best protect the public's health from foodborne illness. We involve industry and citizen representatives in the review of existing or proposed procedures, regulations and educational programs and in recommendations to the Board. This active committee has proven itself to be of great value to the community by continually assisting the Department in its mission of public health protection and community participation.

### **HIGHLIGHTS**

- ☛ 189 Food Managers attended three, one-half day continuing education seminars developed by LLCHD, with help from UNL, Lancaster County Extension and the Nebraska Restaurant Association. Topics included food sanitation, personal hygiene, preventing foodborne illness and employee retention.
- ☛ 8,627 Food Handlers and Food Managers received permits through LLCHD, UNL, and Southeast Community College education programs. In addition, the Nebraska Restaurant Association offers a home study course for Food Managers. A once-a-month class in Spanish is offered as well as classes in Vietnamese when requested. A special food safety training seminar was provided to 100 "Farmer's Market" participants.
- ☛ Staff received training in applying and interpreting the new Nebraska Food Code. This Code went into effect in September 1997. This is the most significant change in the Food Code in over 20 years. The new code is expected to afford greater public health protection and give more flexibility to food operations.



Source: Lincoln-Lancaster County Health Department



- ☛ 544 complaints on food establishments were received, including 136 reports of possible foodborne illness. Two significant foodborne illness outbreaks were confirmed through epidemiologic investigation and laboratory testing. Measures to prevent future outbreaks were taken.
- ☛ 2,485 sanitation inspections were performed in restaurants, retail markets, and schools.
- ☛ 243 on-site technical assistance consultations and 1356 phone consultations were provided.
- ☛ 50 warning notices were issued and 4 establishments had their permit to operate suspended until corrective actions were completed. Special emphasis was given to temperature violations, which are frequently associated with foodborne illness.

### *Quality Child Care*

Quality child care is developed through: educating parents, providers, employers, and policy makers; providing parent referral to licensed providers; licensing and inspection; and encouraging licensed providers to exceed regulations in the areas of disease and injury prevention and child development.

#### *Child Care Needs In Lancaster County*

By comparing data on parents in the work force and the capacity of licensed child care facilities and before and after school programs, the need for additional licensed child care providers was determined. This data, plus research which has shown that poorer work performance is associated with a lack of affordable, quality options for child and dependent care, paints a clear picture of child care needs exceeding licensed capacity throughout Lincoln and Lancaster County.

"The Lincoln-Lancaster County Health Department has served as a helpful resource to our program, providing valuable information and advice through inspections. We are fortunate to have this service in the Lincoln community."

Nancy Rosenow  
First Plymouth  
Preschool



### *Setting Policy to Protect Children's Health in Child Care*

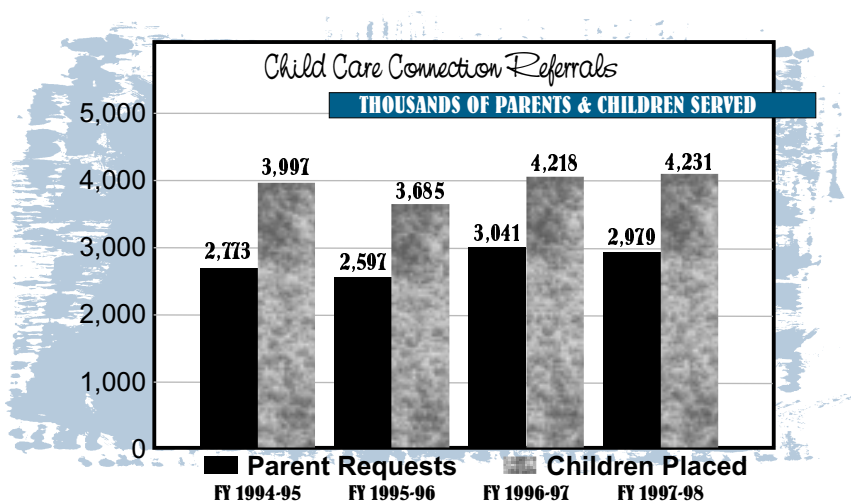
Sixteen citizens comprise the City County Child Care Advisory Committee which gives guidance to the Health Department, Board of Health, elected officials, and other community agencies concerned about children's health or involved in child care. Active subcommittees specifically address improving and increasing the availability of infant care, school age child care and sick child care.

The Health Department pursued and received a grant from the U. S. Environmental Protection Agency to develop a curricula for child care providers concerning "Children's Environmental Health." Once developed, the curricula will be used to train child care providers in ways to reduce the health risks posed by environmental hazards such as pesticides, Lead, Mercury, and indoor air pollution.

### *Assuring High Quality Child Care*

2,979 parents needing care for 4,231 children received lists of licensed child care providers from the computerized Child Care Connection resource and referral service. Parental choice in type of care and preferred location is accommodated.

1,760 child care homes, centers, and agencies received a monthly calendar on training opportunities in First Aid, CPR, disease prevention, fire safety, food safety, and child development.



Source: Lincoln-Lancaster County Health Department

A community-wide outbreak of Shigellosis was finally contained after several months of disease spread often affecting children in child care settings. Delayed reporting of this disease to our Department made early containment of this outbreak very difficult. Frequent news releases, physician advisories and updates to child care providers and schools kept the disease in the public's mind and greatly enhanced disease reporting. Immediate response by the Department's Epidemiology Team to new cases with on-site education by Environmental Health Specialists and Public Health Nurses kept the number of infected persons to a minimum.

1105 inspections of child care facilities were completed and 77 complaints on child care were investigated.

Special technical assistance was provided to people developing six new child care facilities to assure the design would protect children's health and safety and enhance child development. This included three on-site child care centers in businesses.



Family Care Solutions (FCS) is a public private collaboration with businesses, educational institutions, LLCHD, and the Lincoln Area Agency on Aging supporting families in the full range of dependent care needs. In the extremely tight labor market in Lincoln, businesses are increasingly looking for ways to help families and retain good employees. Educational seminars, personal support, resources and referrals are made available to employees of participating businesses. The entire community benefits by the increased quality of child care available to every child. FCS is made possible by the investment of the following participating employers: Aliant Communications, Ameritas Life, Experian, Quest Diagnostics, Lincoln Journal Star, Novartis Consumer Health, Inc., Pathology Medical Services, St. Mary's Catholic School and the University of Nebraska-Lincoln.



"We've used Family Care Solutions for five years. It has become an integral part of our benefits package providing peace of mind for our employees and has increased morale and productivity. I strongly recommend FCS to any company."

Ron Anderson  
Director of  
Human Resources  
Quest Diagnostics

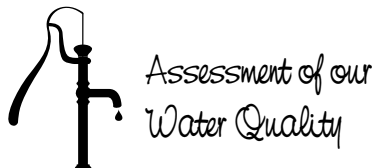
61 educational presentations were made to parents at member companies.

## **WATER QUALITY PROTECTION PROGRAM**

*Health Objective for the Year 2000 - To conserve and protect ground and surface water for domestic, agricultural and industrial use.*

The Water Quality Protection Program assures that groundwater is protected from contamination, water from private wells is safe to drink, sewage is managed to prevent human exposure and environmental contamination, and pools and spas are safe for public recreation. Preventing groundwater contamination by Nitrates, disease-causing organisms, pesticides, fuel and other chemicals is a program priority. Proposed land developments which will rely on groundwater for wells and private sewage disposal are carefully reviewed to assure adequate water quality and quantity and acceptable sewage disposal. All newly drilled domestic wells within Lincoln's 3-mile jurisdiction are inspected and sampled. All new private sewage systems constructed in the entire County are reviewed for correct design and inspected prior to final covering.

LLCHD has developed partnerships with rural communities to protect groundwater. This past year, the majority of the work was done by student volunteers from the Malcolm, Norris, Raymond, and Waverly High Schools. These students, coordinated by a teacher at each school, use an LLCHD created "Groundwater and Environmental Contamination Pollution Prevention Self-help Checklist" to work with farm and acreage owners in wellhead protection areas.



The public health risks associated with contaminated water and sewage are well known. Programs aimed at preventing illness in infants from Nitrate exposure and diarrheal illness from sewage have existed for many years. Water quality testing is done through sampling private wells for bacteria, Nitrates, and other chemical contaminants.

All water wells have been incorporated into a Geographic Information System database. This provides an excellent resource for assessing water quality in specific areas of the County.

Public pools and spas are inspected and tested for regulatory required levels of disinfectant, water clarity and safety equipment needed for rescue.

### *Policy Development and Quality Assurance for Safe Water*

Changes to the on-site sewage treatment system program have increased public health protection by only approving standard systems, requiring a licensed Professional Engineer (P.E.) to design anything other than a standard system, and taking enforcement action on systems installed incorrectly or without benefit of a permit. Several failed systems were identified through complaints and required to be repaired.

In an effort to increase compliance with codes, enforcement actions were pursued on several cases in which sewage systems were installed or repaired without the benefit of a permit or not installed in accord with permit conditions.

Meetings were held with sewage system installers to provide updates on policy and regulations. The possibility of creating a licensing system for sewage treatment system installers was discussed. This concept was favorably received and will be pursued in next fiscal year.

Three acreage subdivisions just outside the City limit were annexed based on Health Department recommendation that it was necessary to do so to protect the public's health from risks posed by their old, failing sewage systems. City sewer will soon be provided to each of these subdivisions.

Health Department staff worked on an inter-agency team on a grant to develop curricula to train sewage system installers and provide educational materials for septic system owners. UNL will administer the grant. LLCHD will pilot test the educational materials with local installers.

## HIGHLIGHTS

- ☛ LLCHD helped the Village Board of Davey to coordinate a "Find a Well Day" which involved students from Waverly High School. Their efforts resulted in finding five wells that needed to be abandoned.
- ☛ Waverly High School implemented the Groundwater Pollution Prevention Self-help Checklist at 54 farms and acreage residences in their school district.
- ☛ 1217 water well and sewage system inspections were performed.
- ☛ 102 proposals for changes in land use were reviewed to assure adequate quantity and quality of water, adequate sewer, and that public and environmental health risks were addressed. Plan reviews may involve on-site visits to determine compliance with existing water, sewer or other regulations, accessing data bases for information of groundwater quality and quantity and soil types, and identifying flood plain and right-of-way concerns.
- ☛ 239 water well permits were issued.
- ☛ 433 drinking water samples were collected from private and community wells. Water from new and existing wells is tested for Nitrate and fecal Coliform bacteria to determine suitability for drinking. Volatile organic chemical testing was performed on selected wells.
- ☛ 454 inspections of swimming pools and spas/hot tubs were completed. 38 pools or spas were closed temporarily until conditions were safe for public use. Typically, chlorine residuals were not being maintained at levels which kill common disease causing bacteria.
- ☛ For the second consecutive year, LLCHD assisted in providing the State "Certified Pool Operators Clinic."

## **PUBLIC HEALTH NUISANCES & COMMUNITY SANITATION**

*Health Objective for the Year 2000 - To reduce the health and environmental consequences of solid and liquid waste.*

Basic sanitation conditions reflect the overall health of a community and are associated with a multitude of public health impacts, including Lead poisoning, poorer health outcomes in pregnancy, communicable disease transmission, low vaccination rates, rat and other scavenging animal problems, and violence. Recognizing this connection, the Mayor and City Council developed a Problem Resolution Team to address “problem” properties and repeat offenders. Urban Development has championed the Focus Area Concept Team, which focuses efforts on neighborhoods which are especially impacted by blighting conditions. These two teams have improved interdepartmental communication leading to more unified actions to address significant crime, quality of life and community sanitation issues. The Public Health Nuisance Program responds quickly to complaints on garbage, safety concerns, standing water and other health nuisance conditions. Enforcement actions include abatement of the condition posing a risk to the public’s health and taking court action.

### *Measuring the Impact of Litter and Illegal Dumping*

Anti-illegal dumping efforts this past year were two-fold. First, LLCHD focused on increasing public awareness of the importance of reporting dumping. Second, to decrease the likelihood of “copycat” dumping, LLCHD worked to decrease the amount of time between when a dump site is reported and when it is cleaned up. A new contract for services was let to improve responsiveness. Illegal dumping complaints for tires, appliances, lawn waste, and garbage decreased for the second straight year despite the campaign to report dumpings. However, reports of special and hazardous waste dumpings increased. The concentration and amount of litter in the community is scientifically surveyed each year. The 1998 litter survey found a slight decrease compared to the 1996 base line. Lincoln and Lancaster County continue take great pride in being “clean,” but littering still occurs.

## Efforts to Improve Community Sanitation

Based upon revision of city codes and improved interdepartmental communication, more coordinated efforts were developed to deal with problematic situations. Building and Safety has assumed enforcement of the Mayor's Quality of Life Ordinances. In addition, representatives of LLCHD participate on the City's Problem Resolution Team and Focus Area Concept Team.



"The City grants for neighborhood association clean-ups not only help us fund efforts to make our neighborhood a cleaner, healthier and safer environment, they also increase bonds between neighbors. Nothing increases community connectedness like rallying together to address a common good cause."

Dick Patterson,  
Woods Park  
Neighborhood  
Association clean-up  
coordinator, & 1997  
Bruce Baugh Memorial  
Award winner

## Education Combined With Enforcement is the Most Effective Combination in Changing Behavior

The Lincoln-Lancaster Clean Community System program was renamed this past year to the Keep Lincoln & Lancaster County Beautiful Program (KLLCB) to provide greater recognition with the well-known national organization, Keep America Beautiful, of which KLLCB is a local affiliate.



KLLCB continues to take a "grassroots" approach to environmental education and frequently mobilizes citizen's groups, neighborhoods and local schools to keep our environment clean. A hard working advisory committee helps establish goals and priorities. The mission of the KLLCB program is to improve waste handling practices and increase environmental awareness through education and participation, and to keep Lancaster County litter free.



## HIGHLIGHTS

- ☛ 223 reports of illegal dumping of non-hazardous waste were received; a 38% decrease from last year. 166 of these were along County roads and were referred to a private contractor for clean-up. This compares to 368 illegal dumping reports and 240 County roadside dumpings last year. Staff believe this reduction is due in part to the educational campaign to reduce illegal dumping and increased enforcement efforts, funded by the Lancaster County Board of Commissioners. Billboards, bumper stickers and litter bags encourage citizens to report illegal dumpers to the Sheriff's office.
- ☛ 13,689 hours of volunteer time were generated by KLLCB activities. 3,103 individuals volunteered their time and effort to make Lincoln and Lancaster County a cleaner, safer place to live.
- ☛ The KLLCB Program assisted 67 neighborhood associations, special interest groups and villages in cleanup efforts resulting in recycling 82,000 lbs. and proper disposal of more than 900,000 lbs. of solid waste. KLLCB helped administer the \$20,000 that the City Public Works Department budgeted to help neighborhoods do clean-ups. KLLCB focuses on keeping costs low and getting people to focus on keeping a clean neighborhood all year around, rather than one clean-up a year.
- ☛ Over 180 volunteers helped the Keep Lincoln & Lancaster County Beautiful Program make the Star City Holiday Festival Parade a successful litter-free event. 80 youth from 22 different schools performed in the KLLCB "Trash Can Band," which received the **"BEST WALKING UNIT"** award.



- ☛ 1,142 public health nuisance complaints were investigated. Complaints typically involve garbage, acute safety hazards, illegal dumping, or rodent problems. Compliance efforts required 2,128 on-site inspections. 270 Warning Notices were issued and 29 cases were referred to the City Attorney's Office for prosecution. 22 nuisance abatements were completed in which garbage or other nuisance conditions were removed by the Health Department and costs were assessed to the property.
- ☛ \$37,942 was received from the Nebraska Department of Environmental Quality to fund new and ongoing activities of the KLLCB Program. In addition, \$6,000 was distributed to villages, neighborhood associations, and special interest organizations in the form of mini-grants for clean-up efforts in public areas.

# POLLUTION PREVENTION AND AIR QUALITY

## Pollution Prevention

Pollution Prevention is any activity that reduces the toxicity or amount of waste generated. Pollution Prevention makes good public health sense and applies equally well to indoor air, outdoor air, groundwater, surface water, soils and to personal exposure to environmental health hazards in the home or workplace.

Collaborative efforts with the Lincoln Public Works and Utilities Department, the Nebraska Department of Environmental Quality, Lower Platte South Natural Resources District, business and industry, advisory boards, volunteers and others make Pollution Prevention a community wide effort.

### HIGHLIGHTS:

- ☛ Keep Lincoln & Lancaster County Beautiful (KLLCB) coordinated the annual "Lincoln-Lancaster County Environmental Awards," which is co-sponsored with the Public Works and Utilities Department. Category award winners were:
  - ☛ Clean-up and Beautification - Girl Scout Troops #510 & #515; West Lincoln Wildcats 4-H Club
  - ☛ Pollution Prevention (toxicity reduction) - Parker-Hannifin; Voss Lighting; Ransomes Textron
  - ☛ Water Conservation-UNISERVICE, Inc.
  - ☛ Waste Reduction and Recycling - Pfizer Animal; Lincoln Northeast Ecology Club; Jim DeFreece Auto Parts & Sales
  - ☛ Residential/Commercial Development - Sherrie Gregory/Heritage Prairies Kicking Bird Subdivision
  - ☛ Bruce Baugh Memorial Award (for individual achievement) - John Dahl

*"Voss Lighting appreciated being recognized for our efforts to be good environmental stewards by promoting the least toxic alternative lighting available on the market today."*

Mike Little  
Voss Lighting



- ☛ The Storm Water Awareness Program (SWAP) coordinates community volunteers to stencil storm drain inlets and distribute fish-shaped information cards to homes to increase awareness that what goes down a storm drain goes directly into our streams and lakes. Due to the inspiration and effort of Harry Heafer, Keep Lincoln-Lancaster County Beautiful Coordinator, the Public Works Department now requires all new storm drain inlets installed in Lincoln to have a fish symbol and the words "NO DUMPING" and "LEADS TO STREAM" permanently imprinted into the concrete. Two professional journals included information on this unique approach resulting in over 80 requests for information from across the nation.
- ☛ Eight LLCHD staff were among approximately 80 presenters at the Earth Wellness Festival. Nearly 3,000 fifth-grade students and teachers attend this annual event. LLCHD presentations ranged from how air pollution affects people's lungs and health to being a wise consumer by learning to read labels and buy the least toxic product.
- ☛ Hazardous (toxic) Air Pollutants (HAPs) vary in their toxicity to human health. LLCHD developed a risk based prioritization methodology to target business pollution prevention technical assistance efforts on those HAPs which pose the greatest public health risks.
- ☛ Special attention was placed on providing technical assistance to businesses located in at-risk neighborhoods in central Lincoln.

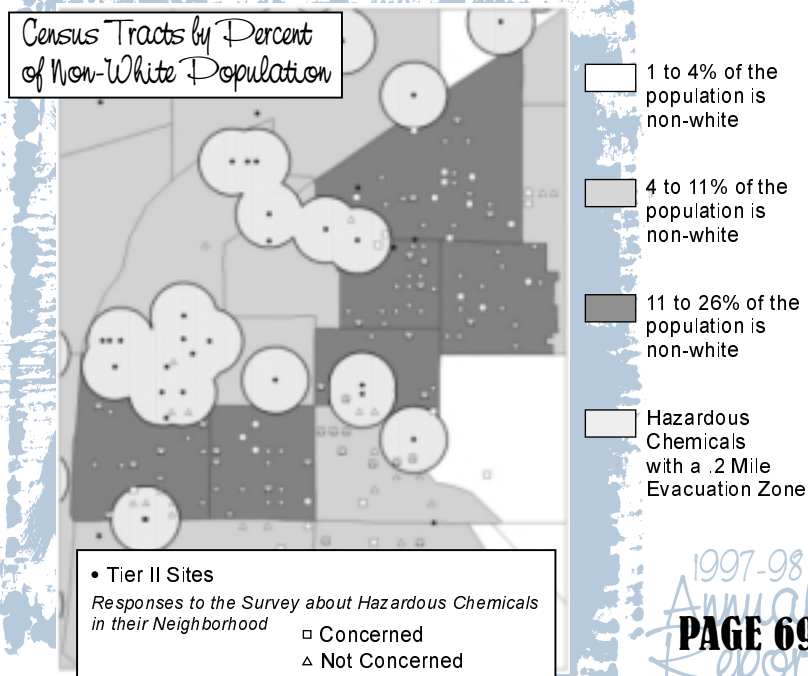
*"The Health Department's eager desire to protect people of all cultures from environmental health hazards has truly helped reduce concerns in the Vietnamese and other minority communities. Knowing that businesses in our neighborhoods were getting help to reduce the risk of chemical spills was reassuring. Over 50 people attended the one-half day Environmental Health Fair at the Asian Cultural Center and learned about how they could prevent pollution and reduce their health risks at work and home."*



Maria Vu  
Asian Cultural Center

## Environmental Justice Grant Project

Identifying environmental hazards with the potential to impact the health of Lincoln's minority communities and using pollution prevention to reduce those risks has been the focus of a two year grant funded by the EPA. Previous survey work had identified the knowledge, behavior, beliefs and practices related to environmental health hazards in our minorities communities. Using this information, LLCHD subcontracted four minority organizations to develop efforts within their own community to address the findings of the survey and educate their community on health risks and ways to reduce those risks. Sources of environmental hazard, such as businesses that store large quantities of hazardous materials or emit air pollution, were identified and mapped using Geographic Information System software. These sites were then overlayed with data on where minority populations primarily live in Lincoln. Pollution prevention education and on-site technical assistance were targeted to those businesses located in areas with the greatest percentage of minorities. During the project, 125 homes were visited by LLCHD pollution prevention trained outreach workers, 53 community meetings and events were held, 16 businesses received pollution prevention technical assistance, and 1350 pounds of household hazardous waste were collected. Eleven organizations participated in the project.



## *Outdoor Air Quality*

*Health Objective for the Year 2000 - To improve and/or maintain the outdoor air quality to protect the public's health and welfare.*

*Quality Environmental Health Assessments Form the Foundation for Good Risk-based Decision-Making and Reducing the Risk to the Public's Health*

### *Progress on Year 2000 Objectives*

The levels of "criteria" air pollutants are below health-based standards.

Emissions of Hazardous (toxic) Air Pollutants have decreased dramatically, even with a doubling in the number of businesses required to report such pollution.

Assessment of outdoor air quality and potential public health risks posed by air pollution is gathered through two sources. The first data set consists of ongoing monitoring of Lincoln's and Lancaster County's air quality for Carbon Monoxide (CO), Ozone (O<sub>3</sub>), and particulate matter (PM<sub>10</sub>). CO is monitored in two locations in Lincoln 24 hours per day. Ozone is monitored in the summer months when conditions are most conducive to its formation. Particulate matter samples are collected throughout the year. The other data set is the amount and kind of air pollution emitted by the largest air pollution sources (business, industry and government). Computer modeling is performed on potential new sources of air pollution to assure that health risk levels will not be exceeded. Larger businesses and industries have specific restrictions placed on them to protect the public's health from air pollution. These restrictions are part of LLCHD's air pollution source Operating Permit Program. Businesses and industries using and releasing hazardous chemicals into the air, water or soil are offered pollution prevention technical assistance.

## *Policy Development*

LLCHD influenced federal EPA policy to create an incentive (a reduced regulatory burden) for implementation of Pollution Prevention activities that result in actual reduced emissions of Hazardous (toxic) Air Pollutants.

Significant changes in national policy on ambient air quality standards require LLCHD to create a new monitoring plan for very small particulate matter (PM<sub>2.5</sub>). This new regulation focuses monitoring on particulates that are believed to pose the most risk to human health.

1997-98

**PAGE 70**

*Annual Report*

The Air Pollution Control Advisory Board (APCAB), composed of industry representatives, an elected official, and public spirited citizens, advises the Board of Health and elected officials in policy matters related to outdoor air quality. APCAB's efforts focused on developing fee strategies which would more equitably distribute program costs to all sources of air pollution.

## HIGHLIGHTS

- ☛ 17,234 hours of outdoor air monitoring for Carbon Monoxide (CO) and 5,026 hours of air monitoring for Ozone (O3) were completed this year. 103 air samples were collected and analyzed for ambient air levels of particulate matter. Lincoln maintained complete compliance with all national ambient air quality standards for the 11th straight year.
- ☛ Of the 69 inspections completed of air pollution sources, only one business was out of compliance with requirements.
- ☛ Two businesses completed Supplemental Environmental Projects (SEP) to resolve air pollution violations. These projects resulted in air pollution reductions and additional environmental benefits beyond what is required.
- ☛ Air pollution emission inventory reports were reviewed for 116 Lancaster County industries/businesses.
- ☛ The Environmental Health Division received \$101,243 from the Nebraska Department of Environmental Quality to fund new and ongoing activities in the Outdoor Air Quality Program.
- ☛ 56 on-site pollution prevention technical assistance visits were conducted at small businesses to help them in completing regulatory reporting requirements and in reducing waste and air pollution emissions.
- ☛ 167 inspections of building demolition projects for proper asbestos removal were completed.

## Indoor Air Quality

*Health Objective for the Year 2000 - To reduce the health risks caused by indoor air pollutants in residences, work sites, and public places.*

LLCHD provides technical assistance in identifying sources of indoor air pollution, preventing indoor air pollution, and solving indoor air quality problems in businesses, government work sites, apartment complexes and private residences. Pollutants creating the majority of health problems include paints and solvents, pesticides, environmental tobacco smoke, mold/mildew, particulate matter and mercury vapors (from broken thermometers and other sources).



This year, LLCHD worked with several schools which volunteered to implement EPA's "Tools for Schools" program to assure that school staff had a system in place to evaluate and solve indoor air quality problems.

1,803 requests for assistance with indoor air quality problems were handled. 224 on-site investigations were conducted to determine sources of poor indoor air quality and 1151 environmental tests were done. 2959 indoor air quality technical assistance related phone calls were handled.

*A Core Function of the Environmental Health Division is to Assure Health Protection Through Appropriate Regulation*

### *Special Waste Program*

*Health Objective for the Year 2000 - To reduce the health and environmental consequences of solid and liquid waste.*

The Special Waste Program protects public health and the environment by inventorying business wastes, encouraging pollution prevention, reuse and recycling, and assuring proper disposal. This program is a collaborative effort with the Public Works and Utilities Department. Technical assistance is provided to businesses to help them comply with regulations. This program also assures that only waste which can be accepted at the Landfill is permitted to go there. Other wastes may require special treatment before disposal or may be hazardous. Compliance inspections are conducted and enforcement actions are taken when needed. Illegal disposal of special and hazardous waste is investigated.

### **HIGHLIGHTS**

- ☛ 816 special waste inventories from local businesses were reviewed; 804 special waste permits were issued to businesses.
- ☛ 1,615 requests for technical assistance on managing special and hazardous wastes from local businesses and agencies were filled.
- ☛ A Partners in Pollution Prevention project with the University of Nebraska-Lincoln resulted in technical assistance being provided by engineering students to 16 local businesses.
- ☛ 6 comprehensive Special Waste compliance inspections were conducted at facilities which generate the largest quantities of potentially hazardous waste.

- ☛ 85 investigations of illegal special waste disposal were completed. Compliance assistance was provided to each business and legal action was taken in several instances.
- ☛ 4885 pieces of educational materials were sent to businesses regarding special waste handling.
- ☛ 14 salvage yards were inspected to assure compliance with regulations designed to protect public health and the environment.

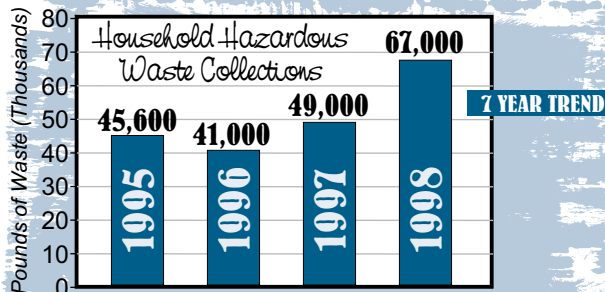
## Household Hazardous Waste

### *Health Objectives for the Year 2000*

- A. *To reduce the health impact of hazardous materials.*
- B. *To reduce the health and environment consequences of solid and liquid waste.*

As the Household Hazardous Waste (HHW) Program enters its 14th year, it continues to focus on three primary objectives: educating the public on choosing least toxic products; getting the most toxic and hazardous waste out of people's homes, garages, barns and basements thereby reducing health and environmental risks; and encouraging the recycling of oil, paint, batteries and other hazardous waste for which local recycling alternatives exist. The Program's intent is NOT to collect every kind of hazardous waste from every person, but to help citizens correctly handle, recycle and dispose hazardous waste. The program prevents significant quantities of hazardous waste from being dumped in the landfill. Old pesticides, such as Chlordane, DDT and 2,4,5-T, solvent based paint, furniture stripping agents, mercury containing devices, and PCBs are brought to every collection site. As part of the Environmental Justice grant, a special collection was held at the Malone Center. And for the first time ever, a local industry, Pfizer Animal Health, sponsored a HHW Collection as a community service.

This was a very successful collection and showed true corporate commitment to our community and to environmental stewardship.



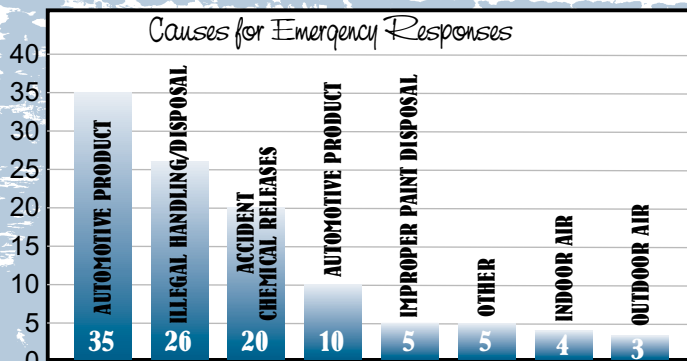
Source: Lincoln-Lancaster County Health Department

## HIGHLIGHTS

- 68,673 pounds of hazardous waste were collected from 1488 households at 8 different Household Hazardous Waste Collections.
- Technical assistance was provided to 460 citizens needing to get rid of household hazardous waste.
- The annual Spring Paint Exchange resulted in over 200 gallons of paint being reused and another 100 gallons being recycled into caulk and glue.
- 19 educational presentations on Household Hazardous Waste were made, including at the Earth Wellness Festival, and 5 new educational materials were developed.

### *Hazardous Materials Emergency Response Program*

*Health Objective for the Year 2000 - A) To reduce the health impact of hazardous materials. B) To reduce the health and environment consequences of solid and liquid waste.*



Source: Lincoln-Lancaster County Health Department

LLCHD responds 24-hours a day to emergency events involving the release of hazardous materials. In 1997-98 the Emergency Response Team responded to 108 emergencies, 25 more than last year. Most responses are in conjunction with the Lincoln Fire Department's Hazardous Materials Team or rural fire departments. Responses included spills of automotive fluids, illegal handling or disposal, accidental chemical releases (both indoors and out), pesticides spills, high levels of Carbon Monoxide and volatile organic chemicals in buildings, illegal dumping of caustic lime and borax, and discharge of water which was grossly polluted by an industrial process into Salt Creek.

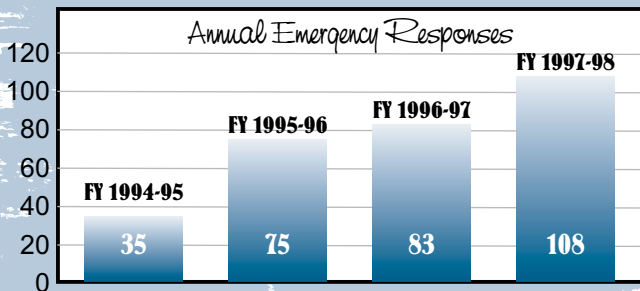
The largest single category of the responses involve the release of gas, oil, or diesel fuel to the environment, causing potential public health risks and environmental damage to streams.

1997-98

PAGE 74

## HIGHLIGHTS

- ☛ An intentional illegal dumping of several piles of borax on a County Road was investigated and the responsible party eventually identified through excellent investigative skill and technique. Charges were filed, restitution made, and fines were levied.
- ☛ Discharge of grossly contaminated water to Salt Creek was traced to an unknown illegal connection to the storm drain. This business was required to disconnect this and discharge the water to the sanitary sewer for proper treatment.



Source: Lincoln-Lancaster County Health Department

## **GRANTS & AWARDS**

### **Nebraska Department of Environmental Quality**

|  |           |
|--|-----------|
| Clean-up Minigrants  | \$ 6,000  |
| Litter Reduction and Environmental Education   | \$ 37,942 |
| Household and Business Hazardous Waste<br>Pollution Prevention, Recycling<br>and Disposal (year two) | \$ 81,201 |
| Outdoor Air Quality  | \$101,243 |

### **US Environmental Protection Agency**

|   |           |
|---|-----------|
| Chemical Emergency Response<br>Technical Assistance 112(r)  | \$ 80,000 |
| Environmental Education -<br>Children's Environmental Health<br>Curricula Development and Implementation              | \$ 53,900 |
| Environmental Education -<br>Groundwater Pollution Prevention<br>Curricula Development for<br>High Schools (year two) | \$ 5,000  |
| Environmental Justice/Pollution Prevention<br>GIS & Community Outreach in Racial and Ethnic<br>Minority Populations   | \$ 88,400 |
| Indoor Air Quality - Tools for Schools  | \$ 18,000 |

The Keep Lincoln-Lancaster County Beautiful's "Trash Can Band" won the Star City Holiday Parade's "Best Walking Unit" award.

Susan Budler, the Keep Lincoln-Lancaster County Beautiful Committee Chairperson, was recognized by the County Board as the City/County Volunteer of the Month.

Lancaster County was designated a Groundwater Guardian Community and LLCHD was honored as a Groundwater Guardian Affiliate by the National Groundwater Foundation for our innovative Wellhead protection work.

The "Groundwater and Environmental Pollution Prevention Self-help Checklist" was given "Honorable Mention" in Region VII EPA's annual Pollution Prevention Awards contest.

The Norris High School Chapter of the Future Farmers of America (FFA) recognized LLCHD at its annual meeting for our partnership in implementing the use of the “Groundwater and Environmental Pollution Prevention Self-help Checklist.”

Lincoln and Lancaster County were represented by Environmental Health Division staff serving as elected or appointed officials on the following national, regional, or state boards, associations or committees:

National Association of County and City Health Officials (NACCHO)

Environmental Health Advisory Committee and Excellence in Environmental Health Award Reviewer

Association of State and Local Air Pollution Control Officials (ALAPCO)

National, EPA Region VII and State Pollution Prevention Roundtables

U.S. Food and Drug Administration’s Food Safety Initiative Task Force

Solid Waste Association of North America (SWANA) Special Waste Task Force

Underwriters Laboratories, Inc., Public and Environmental Health Advisory Board

Nebraska State Emergency Response Commission (SERC)

LB 1185 Task Force on Child Abuse Prevention

Groundwater Guardian Ambassador for the National Groundwater Foundation

Midwest Regional Affiliates of Keep America Beautiful

Nebraska Environmental Health Association (NEHA)

Nebraska Public Health Association (NPHA)

Nebraska Department of Health and Human Services

Turning Point Stakeholders and co-chair of the Turning Point Environmental Health Task Force

Nebraska Environmental Education Association (NEEA)

Nebraska Environmental Trust Fund Grant Reviewers

# 1998 Vital Statistics

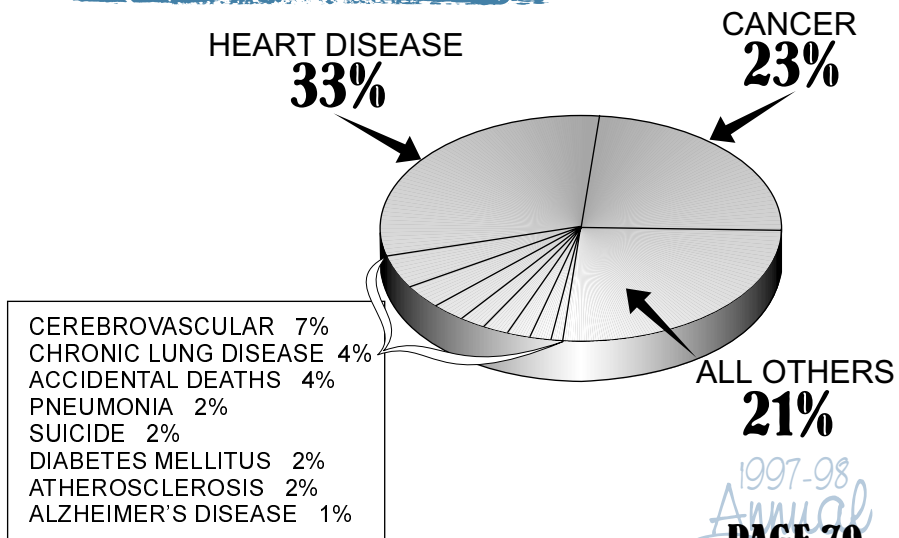
Lancaster County (Estimated Population) 233,319

|        | Number | Birth Rate/Death Rate     |
|--------|--------|---------------------------|
| Births | 3223   | 13.8 per 1,000 population |
| Deaths | 1563   | 6.7 per 1,000 population  |

| 10 Leading Causes of Death | Frequency    | % of Deaths   |
|----------------------------|--------------|---------------|
| 1. Heart Disease           | 515          | 32.9          |
| 2. Cancer                  | 355          | 22.7          |
| 3. Cerebrovascular Disease | 106          | 6.8           |
| 4. Chronic Lung Disease    | 61           | 3.9           |
| 5. Accidental Deaths       | 59           | 3.8           |
| 6. Pneumonia               | 38           | 2.4           |
| 7. Suicide                 | 29           | 1.9           |
| 8. Diabetes Mellitus       | 25           | 1.6           |
| 9. Atherosclerosis         | 23           | 1.5           |
| 10. Alzheimer's Disease    | 19           | 1.2           |
| All others                 | 333          | 21.3          |
| <b>TOTAL</b>               | <b>1,563</b> | <b>100.00</b> |

## Leading Causes of Death

Lancaster County, NE



1997-98

**PAGE 79**



**TOTAL APPROPRIATION**

| <b>REVENUE BY SOURCE</b>              | <b>TOTAL</b>       | <b>PERCENT</b> |
|---------------------------------------|--------------------|----------------|
| City                                  | \$3,290,203        | 46.30%         |
| County                                | \$1,784,831        | 25.12%         |
| State/Federal                         | \$128,327          | 1.81%          |
| Landfill                              | \$245,519          | 3.46%          |
| Risk Management                       | \$38,100           | 0.54%          |
| User Fees                             | \$1,408,468        | 19.82%         |
| Interest on Idle Funds                | \$14,333           | 0.20%          |
| Miscellaneous                         | \$9,844            | 0.14%          |
| Fund Balance: (Health/Animal Control) | \$96,178           | 1.35%          |
| Fund Balance: (Air Program)           | \$90,357           | 1.27%          |
| <b>TOTAL</b>                          | <b>\$7,106,160</b> | <b>100.00%</b> |

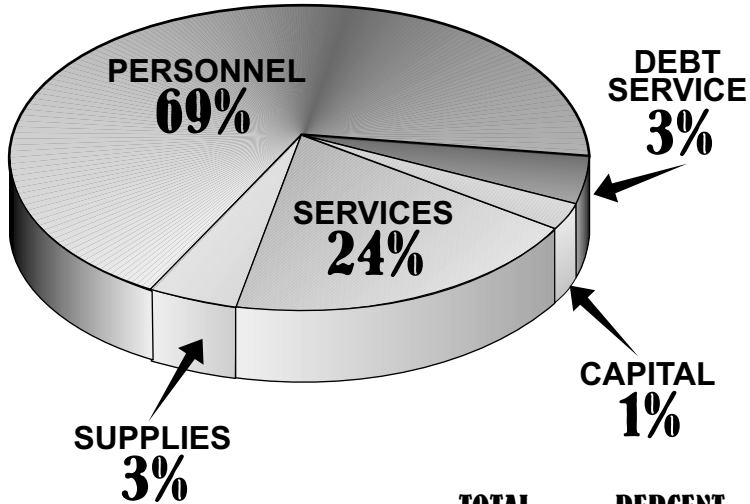
## Revenue By Source

**CITY \$3,290,203****COUNTY \$1,784,831****STATE/FEDERAL \$128,327****LANDFILL \$245,519****RISK MANAGEMENT \$38,100****USER FEES \$1,408,468****INTEREST ON IDLE FUNDS \$14,333****MISCELLANEOUS \$9,844****FUND BALANCES: (Health/Animal Control) \$96,178****FUND BALANCE: (Air Program) \$90,357**

## Expenditure

### BY CATEGORY

Fiscal Year 1997-98



|              | TOTAL              | PERCENT        |
|--------------|--------------------|----------------|
| Personnel    | \$4,947,605        | 69.62%         |
| Supplies     | \$ 229,913         | 3.24%          |
| Services     | \$1,676,958        | 23.60%         |
| Capital      | \$ 57,752          | 0.81%          |
| Debt Service | \$ 193,932         | 2.73%          |
| <b>TOTAL</b> | <b>\$7,106,160</b> | <b>100.00%</b> |

## Miscellaneous

### Health Grant Funds

|                               |             |
|-------------------------------|-------------|
| Prior Year Balance (8/31/97)  | (\$2,605)   |
| Expenditures (9/1/97-8/31/98) | \$3,611,172 |
| Revenue (9/1/97-8/31/98)      |             |
| State/Federal                 | \$3,273,954 |
| Debt Service                  | \$ 338,477  |

1998 Reimbursement  
to be received in 1999 (\$ 1,259)

## *Elected Officials* & **DEPARTMENTAL STAFF**

*Fiscal Year, September 1, 1997 to August 31, 1998*

### **Lincoln-Lancaster County Board of Health**

Mary Helen Elliott, President  
Chris Caudill, M.D., Vice President  
Deborah Brehm  
Rodrigo Cantarero, Ph.D.  
James Ganser, D.D.S.  
Larry Hudkins, County Commissioner  
James Hulse, Ph.D.  
Cindy Johnson, City Councilperson  
Ann Seacrest

### **Immediate Past Board Members**

Donna Polk  
Gil Savery  
Charles Gregorius, M.D.  
Robert Schoettger, D.D.S.

### **Lancaster County Board of Commissioners**

Linda Steinman, Chairperson  
Kathy Campbell  
Bernie Heier  
Larry Hudkins  
Steve Svoboda

### **Lincoln City Council**

Curt Donaldson, Chairperson  
Jeff Fortenberry  
Cindy Johnson  
Coleen Seng  
Jerry Shoecraft  
Linda Wilson  
Dale Young

### **Mayor, City of Lincoln**

Mike Johanns

### **Health Director**

Richard Morin, M.D., Interim Director (9/3/97-10/14/97)  
Gregg Wright, M.D., Interim Director (10/15/97-4/15/98)  
Carole Douglas, Acting Health Director (4/16/98-8/31/98)

# Staff

Bradley Aden  
Bernice Afuh  
Hazem Al-Khikany  
Gail Anderson  
Rochelle Ashley  
Angie Avila  
Brian Baker  
Patty Baker  
Sharon Baker  
Charlotte Banister  
James Bare  
Laurie Barger-Sutter  
Donna Barry  
Steven Beal  
Lynn Beatty  
Jennifer Beisheim  
Trudy Bennett  
Melissa Berge  
Amber Blake  
Andra Books  
Leanne Braden  
Nathan Bradley  
Martha Brown  
Rebecca Brown  
Charlotte Burke  
Angela Byers  
Sally Cameron  
Kim-Yen Cao  
Jacqueline Carder  
Tamara Cartwright  
John Chess  
Mary Christensen  
Jeannette Christiansen  
Lisbeth Christiansen  
Brenda Christie  
Nancy Clark  
Kathleen Cook  
Lori Cook  
Beverly Cooper  
Mary Crumb  
Vicki Davis  
Sydney Dean  
Adam Decker  
Joni DeMott  
Donna Densberger  
Marjorie Determan  
Kurt Dodd  
Kathleen Doolittle  
Lori Dorsey  
Carole Douglas

Janet Douglas  
Anita Dover  
Paul Drotzmann  
Angela Duncan  
Annette Durst  
Joyce Endres  
Jeannie Ernst  
Melvin Faas  
Tasha Farrar  
Richard Faubel  
Shannon Fiene-Dennis  
Janet Fischer  
James Fobben  
M. Jane Ford  
Leaudria Foster  
Joleen Geer  
Arlene Gibbon  
Jeanette Gill  
Tina Goodwin  
Ann Grandgenett  
Jeffrey Grinvalds  
Roxanne Groff  
James Hadley  
Carolyn Hall  
Joan Hall  
Judith Halstead  
Leslie Hammerschmidt  
Dyana Hansen  
Tawnya Hansen  
Heidi Harre  
Kimberly Hayes  
Harry Heafer  
Dennis Heidbrink  
Lisa Henning  
Gloria Hernandez  
Jane Hester  
Lori Heuertz  
Connie Hoffman  
Scott Holmes  
Michael Holmquist  
Jerrold Hood  
Osceola Howard  
Diane Hoy  
Marcia Huenink  
Kathleen Hummel  
Marilyn James  
Sharla Jeffers  
Ann Jennings  
Joan Jennings  
Joyce Jensen

Gail Johnson  
Kristen Johnson  
Erika Jones  
Lynn Jones  
Sherri Kaahanui  
Margaret Kahler  
Robyn Kaiser  
Sharron Kapke  
Connie Kaplan  
Sandra Keller  
Karen Kerl  
Anita King  
Marion Kinkade  
Tammy Kleppe  
Katherine Kneifl  
Charlotte Knoflicek  
M. Jean Krejci  
Leslie Krump  
Magdalena Krynsky  
Carol Kukuk  
Geraldyn Kyriss  
Rose Ann L'Heureux  
Diana Lane  
Claudia Lawton  
Harry LeDuc  
La'Cresha Lee  
Tanya Lewis  
Anita Loos  
Patricia Lopez  
John Lowry  
Nancy Malone  
Leon Marquart  
Ronald Marquart  
Duane Martin  
Barbara Martinez  
Thomas Marx  
Andrea Mason  
Mary McNulty  
Larissa McPhillips  
Gwendy Meginnis  
Deborah Meyerhoff  
Donald Miller  
John Miner  
Carolyn Mitchell  
Wayne Mollhoff

# Staff

Brenda Monroe  
 Carol Monson  
 Teresa Mountjoy  
 Lynn Murray  
 Dianne Myers  
 Kimberly Nash  
 Patricia Newman  
 Melissa Oerman  
 Roni Olander  
 Darlene Oltmans  
 Denise Osborn  
 Denise Oxford  
 Claudia Pankoke  
 Constance Patterson  
 Traci Payne  
 Jean Pearson  
 Ana Pelayo  
 Cynthia Peters  
 Donald Piersol Jr.  
 William Pugsley  
 Christy Quinn  
 Lynette Ratzlaff  
 Corliss Redfield  
 Kimberly Rettig  
 Cheryl Reynolds  
 Lisa Richter  
 Linda Riesberg  
 Tracy Rollins  
 Phillip Rooney  
 Scott Rosecrans  
 Louise Rossignol  
 Kim Rossignol  
 Craig Schainost  
 Marla Scheer  
 Sharron Scheidt  
 Christopher Schroeder  
 Donald Schroer  
 John Schrotberger  
 Deborah Schuelke  
 Lori Seibel  
 Veloris Sellmeyer  
 Elaine Severe  
 Jennifer Severe  
 Ruth Shubert

Donald Siffiring  
 Randy Sipp  
 Richard Slama  
 Douglas Smith  
 Stephanie Smith  
 Trenton Smith  
 Kim Sparks  
 Ruth Spicer  
 Maureen Stahr  
 John Steinauer  
 Catherine Steinweis  
 Jane Storey  
 Annette Sturtz  
 Dianne Sulek  
 Sandra Swanson  
 Sue Ann Tabatabai  
 Shirley Tachenko-Achord  
 Beverly Teche  
 Joan Thomas  
 Elizabeth Thorson  
 Richard Thorson  
 Sandi Thurmond  
 Timothy Timmons  
 Barbara Tiwald  
 Julia Tracy  
 Loan Tran  
 MyTrang Tran  
 Oanh Tran  
 Tuyet Tran  
 Sandra Tryon  
 Neithola Turner  
 Jiri Tvrdik  
 Rosemarie Utley  
 Lumir Vajgrt  
 June Vanlaningham  
 Janice Wagner  
 Carlene Waldron  
 Gary Walsh  
 Karen Ware  
 Kenneth Watson  
 Tammy Weihe  
 James Weverka  
 Patricia Wewel  
 Lynette White

Janet Wiedemeye  
 David Wilde  
 Jane Marie Wilhelm  
 Marcia Willhite  
 Tim Wilwerding  
 DeMon Wimes  
 Susan Winkler  
 Kenneth Winter  
 Brenda Wolfe  
 Trudy Woodyard  
 Henry Wulf  
 Gregg Yaussi  
 Mary Zimmerman  
 Teresa Zuerlein